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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and consistent filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove to hope papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-				- MA - MA - MA -	(121)	2 6 6 1 6 6 6	100 10				
1	a. COUNTY	tgomery		MARYL	AMD	2. USUAL RESIDEN a. STATE ary		ceased lived, If insti	itution: Resid		
	b. CITY DR TDV	/N (if outside corpo and give nearest t	orate limits, town)	c. LENGTH DF STAY		c. CITY DR TDWN (III			te RURAL and	give neare	est town)
-	d. NAME OF HO	SPITAL OR INSTITU	TION (if not In I	hospital, give street ad	dress)	d. STREET ADDRESS	Decile	bua		1 e. IS RE	SIDENCE
_		c Manor Re			,	1/9/1/9/1/a/c/1/	apholy/A	det thome		ON A	FARM?
3	. NAME DF DECEASED		First	Middle		Last	4. DATE	Month	1	ay Ye	ear
	(Type or print)	CARR		E. A	DAMS	3	DEATH	March	14,196	6 19	
5	. SEX	6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	3 1	. DATE OF BIRTH	9.	AGE (In years I last birthday)	FUNDER 1 YE		
	Female	White	WIDDWED	DIVORCED		9/1/80		85 yrs.	Months Day	s Hours	Min.
di	Oa. USUAL OCCUPA uring most of work	TIDN (Give kind of wo ing life, even if ret	ork done 10b. I	KIND OF BUSINESS OR INDUSTRY		Mass.	ounty & State,	or foreign country)	COUN	EN OF WHA	T
1	3. FATHER'S NAM	E				14. MOTHER'S MAII	DEN NAME				
Н	UNKNK	NOWN				UNKNOWN					
		EVER IN U.S. ARMED		. SOCIAL SECURITY NO.	1 17.	INFORMANT		Address	3		
(Yes, no, or unkown)	(If yes give war or date		3-54-4217	Pot	omac Manor	Rest 1	Jome Reco	rds		
	100000000000000000000000000000000000000	DEATH [Enter only EATH WAS CAUSED IMMEDIATE CAU	one cause per BY:	ine for (a), (b), and (c).	I	nsuffic	enecy.	Acute	111	NERVAL BI	DEATH
	Conditions, If	any, which)		I Pertensi					ease	Year	3
	gave rise to cause (a), s underlying cau	tating the DI	IF TD	neralized	100				>	121-5	5
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL I	DISEASE CDN	DITION GIVEN IN P	ART1(a)	9. WAS A PERFOI	
		WAS UNDERLYING ING CAUSE DF D TIFY MEDICAL EXAM	EATH	DESCRIBE HOW INJUR	Y DCCU	RRED. (Enter nature o	f Injury In Pa	ort I or Part II of	Item 18.)		
MEDICAL	20c. TIME DF Hour a. p.		y, Year 20d. While 19 at wor	Not While	e. PLAC factor	E DF INJURY (Home, fa y, street, office bldg., e	arm, 20f.	(City or town)	(County)	((State)
	21. I certi	y that (!) (this ho	osp <u>ita</u> l) attend	led the deceased fro	m	May ,1	9.56 to	Dote-	, 19,	that (I) (we) last
	saw the de	ceased alive on_	Jan.	1966, an		death occurred at-	11 9 M, fro	om the causes a	nd on the c	late state	d above.
	22a. SIGNATU		. But	20	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED 4/66	
	22c. PHYSICH NAME (T		Ball	*		22d. ADDRESS Bethesda	a, Mary	land			
23	Ba. BURIAL, CREM REMOVAL (Sp Cremati	eclfy)	E THEREDF	23c. NAME OF CEM			Princ	CATION (City, tow	Co. Md		tate)
	4. FUNERAL DIR		1 Home-	ADDRESS 1331 Rockvi		Pike, Rocky i	C'D BY REGIS	STRAR 25b. REG	GISTRAR'S SI	GNATURE	
1==						MAR	16 18	100	arth	udak	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13865

		0.0.
1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Ra. STATE Maryland b. COUNTY Mon	esidence before admission) ntgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
Kensington	Chevy Chase	15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Kensington Gardens Nursing Home	7313 Lynhurst Street	YES NO I
3. NAME OF First Middle DECEASED (Type or print) SYDNEY TINSLEY AL	EXANDER 4. DATE Month OF DEATH Mar. 22	Day Year 19 66
7. MARKIED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	
	Dec. 29, 1880 85 yrs. 2	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
Housewife	Virginia	UNTRYZ S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Taylor	Martha Holland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service) 19-34-8181A	INFORMANT Daughter Address	T1 0
No 219-34-8181A M	rs. Sydney T.Jones Same as	s Item 2.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	•	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: pneumonia		ONSET AND DEATH
DUE TO		
Conditions, if any, which) (b) arterioscleros	is	10 yrs
gave rise to immediate (
cause (a), stating the underlying cause last. (c)		
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.	
	The state of many in the for fact to the state of the sta	
Hour a.m. While Not While facto	CE DF INJURY (Home, farm, 2Df. (City or town) (Courry, street, office bldg., etc.)	nty) (State)
	.948 19 to 22 Mar 196	6, that (I) (we) last
21. I certify that (1) (this hospital) attended the deceased from saw the deceased alve on 22 March 19 66, and that	1 10 10	
22a. SIGNATURE		ATE SIGNED
M.D. M.D. M.D.	ATTENDING MED. STAFF 3-2	3-66
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) JOHN M. WYMAN	7801 Norfolk Ave., Bethe	sda, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY		
Burial 3-24-66 Natl.Mem. P		
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	Virginia S SIGNATURE
ROBERT A. PUMPHREY Bethesda. Md	4.1.6	0.0.00

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1 2 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0000	OBIT III IOATI	- OI PHAIII		11000
1. PLACE OF DEATH a. COUNTY Antoneous	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived, If institution: R b. COUNTY	esidence before admission)
b. CITY OR TOWN (if outside) corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside o	corporate limits, write RURAL	and give nearest town)
Wakom A PARK	Hdays	WASHLWS	TON'	47 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS	1 / 1 N	9. IS RESIDENCE ON A FARM?
WAS HINGTON SAN,	, X +165P,,	1433 1/ai	nchesterlan	YES NO
3. NAME OF DECEASED (Type or print)	Carrie an	Lest 4. DAT Les Son DF DEA	Min	Day Year 27 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	
TE WH WIDOWED	DIVORCED [5/9/921	73 yrs.	
Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County & Sta	ite, pr foreign country) 12. C	TIZEN OF WHAT
HSW		1 renny	sloania	USA
13. FATHER'S NAME	nahan	14. MOTHER'S MAIDEN NAME	1000	
		INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)		Ho spit ag	Kecoro	(
18. CAUSE DF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	0011 +		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	yocardia	(sigarche	or	ONSET AND DEATH
4201 DUE TO (10 1.		Allan.
Conditions, If any, which gave rise to immediate (b)	ronory o	Kimboses		Tuaye
cause (a), stating the DUE TO	1011 (Ither roles		2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	TING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. D	SECOLDE HOW INTIDY OCCU	RRED. (Enter nature of injury in	Part I or Part II of Hom 19	YES NO
	ESCRIBE HOW INJURY OCCU	RKED. (Enter nature of injury in	Part I of Part II of Item 10.	,
S Haus and	factor	CE OF INJURY (Home, farm, 20f. ry, street, office bldg., etc.)	. (City or town) (Cou	inty) (State)
P.m. 19 at work	- Not while			
21. I certify that (I) (this hospital) attended				(e, that (i) (we) last
saw the deceased alive on 3 - 2 /	1969, and that	death occurred at 10 F.M.		
22a. SIGNATURE	M.D.	ATTENDING MED. DIRECTOR	STAFF -	ATE SIGNED
22c. PHYSICIAN'S NAME (Type)	T W. 11	22d ADDRESS	5.1.	Sim my
Jevuch 1	1 /mble	721 rershi	LOCATION (Oily bours or on	Spring, 1711.
REMOVAL (Specify)	23c. NAME OF CEMETERY		LOCATION (City, town or cou	
24. FUNERAL DIRECTOR The S. H. Hi	ne appress.	25a. REC'D BY RE	rince George GISTRAR 25b. REGISTRAR	S SIGNATURE MO
290 Wash		N.W. DATEAD 9 0	1966 Johnson	Judge
Masi	THE POLICE OF THE PARTY OF THE	TATAL TO A	1300	VA

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03878	CERTIFICAT	E OF DEATH		1	1381	68	
1.	PLACE OF DEATH a. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE a. STATE	E (Where deceased ARYLAND	b. COUNTY MON			mission)
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If			end give	nearest	t town)
	OLNEY	37 days		AITHERSBU	RG,	15	-/	1
	d. NAME DF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS			θ.	IS RESI	
	MONTGOMERY GENERAL	HOSPITAL	I	ROUTE 2		YE	SZX	ND 🗌
3.	NAME DF First DECEASED	Middle	Last	4. DATE	Month	Day	Yea	
-	(Type or print) MARY HAZEL	BLANKENSHIP F	BAILEY	DEATH	MARCH	4	196	
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IFUNDER birthday) Months	1 YEAR	Hours	Min.
	Female White WIDOWED		1/13/20140 1	1917	yrs.			
dui	H. Wife	IND OF BUSINESS OR NDUSTRY HOME		/irginia	CI	ITIZEN O DUNTRY? SA	F WHAT	
13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME				
	SAMUEL BLANKENSHIP		HEAL	EN BAILEY				
	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16.	SDCIAL SECURITY NO. 17.	INFORMANT		Address			
	NO	•	XHX MONTGO	OMERY GEN	TERAL HOSPI	TAL		
	18. CAUSE OF DEATH [Enter only one cause per l	ine for (a), (b), and (c).]	/ • 0			INTER	VAL BET	WEEN
	PART I. DEATH WAS CAUSED BY:	restine hea	et failure	۷			2 da	
	6000 DUE TO	0, 1	A.			100		,
	Conditions, If any, which (b)	iter intofice	stion			/	as,	K.
	gave rise to immediate cause (a), stating the underlying cause last.	ionic pejel	longhrite	ó		4	jear	~
LION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDITIO	N GIVEN IN PART 1(a)		WAS AUT	
ICA	Severe Obesity, Diabetes	mellitus, the	mosphebit	is, ASC	VD	YES		ND A
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury In Part I	or Part II of Item 18	.)		
MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at wor	Not While fact	ACE OF INJURY (Home, fa ory, street, office bldg., e	rm, 2Df. (City	or town) (Cou	inty)	(\$	tate)
	21. I certify that (I) (this hospital) attend	ed the deceased from -	Feb. 2 19	166. to 1	1ax 4, 196	6. tha	t (I) (w	e) last
	saw the deceased alive on Mas. 4		t death occurred at					
	22a. SIGNATURE					ATE SIGN	(ED	
	- Frederich Mr	oman M.	D. PHYS.		PHYS.]	har.	5, 19	66
	22c. PHYSICIAN'S NAME (Type) FREDERICK MOCK	AU. M. D.	SANDY SPI	RING MEDI	CAI CENTER			
238	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER			ON (City, town or co	unty)	(Sta	ate)
	REMOVAL (Specify)	True Gospel		Tiche	n Md			
24		ADDRESS	25a. REC	D BY REGISTRAL	n Md	S SIGNA	TURE	

Md.

Lay tons ville AR

1966

Barber Funeral Home

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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H. Wife Hame Hame

Aurial 3-7-56 True Gospel I.d.

Lisbon, Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2/ should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death 0

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
3879	CERTIFICATE OF DEATH	11386!

T+om / Fall	774 7/16/66 mh	
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before	admission)
Montgomery	a. STATE Maryland b. COUNTY Montgome	ry
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give near	est town)
Bethesda	Bethesda /5-/	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS R	ESIDENCE FARM?
16 Kentbury Way	16 Kentbury Way	ND 🔀
3. NAME DF First Middle DECEASED (Type or print) ADELBERT R	DATETOTO DE	'ear
		9 66
7. MARKIED NEVER MARKIED	8. DATE OF BIRTH Dec. 15, 1901 9. AGE (In years FUNDER 1 YEAR FUND last birthday) Months Days Hour	
10a, USUAL OCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WH.	AT
during most of working life, even if retired) FBI Govt. INDUSTRY Retired	Iowa U. S.	
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
DeForrest Baker	Gertrude Ranier	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT Wife Sandress	
	abel W. Baker Same as Item 2.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL E ONSET AND	BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 Hemorrhage 2mi	
3 5 / X DUE TO 10		
Conditions, if any, which CCVTUV	al Hururysm unka	10074
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A	AUTOPSY ORMED?
Generalized Autorius	c leves is	NO 🍱
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIABLE TO SERVING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH (15 EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLA	CE DF INJURY (Home, farm, 20f. (City or town) (County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLA factor 20c.	ry, street, office bldg., etc.)	
	March 3, 1966, to May dy 6, 1966, that (1)	(wa) look
	t death occurred at 22 AM, from the causes and on the date state	
22a. SIGNATURE	22b. DATE SIGNED	d above.
I Slen a. Herman M.	D. ATTENDING MED. DIRECTOR D STAFF D 3-7-6	
226. HYSICIAN'S JOHN D. HERMAN, M.D.	22d. ADDRESS 4801 Montgomery Lane, Bethesda	a. Md
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER		State)
REMOVAL (Specify)		24.3
24. FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Md.
ROBERT A. PUMPHREY Bethesda, Man	Transmitted 1968 generally Judg	_
Techesda, Mai	Y LCANE DATE	

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MADVIAND STATE DEPARTMENT OF HEALTH

1	Division of STATISTICAL	RESEARCH AND RECORDS, 3	01 W. PRESTON STREET		ND 21201		
	03880	CERTIFICAT	E OF DEATH		03870		
	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Virgi:	ere deceosed lived, if institution: b. COUNTY			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de corporote limits, write RURAL	ond give neorest town)		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	ngton	e. IS RESIDENCE ON A FARM?		
6	U. S. Naval Hospital			North 17th St			
	3. NAME OF First DECEASED (Type or print) John	Middle Finley		4. DATE Month OF March	Doγ Year 9 19 66		
	Molo Cono	ARRIED : NEVER MARRIED : DOWED : DIVORCED : DIVORCED	8. DATE OF BIRTH June 28, 191	9. AGE (In years I	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.		
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Congressman, U.S. House	IOB. KIND OF BUSINESS OR INDUSTRY e Rep.— Governmen		Calif.	12. CITIZEN OF WHAT COUNTRY? U.S.A		
	13. FATHER'S NAME John F. Baldwin Sr		14. MOTHER'S MAIDEN NAI Nellie	Linekin			
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (It yes give war or dotes of service worldwar 2	re)	Mrs. Mary I.	Address Baldwin 5521 N	Arlington, Va. orth 17th St./		
	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).) Carcinoma stoma	ch, with gener	ralized	INTERVAL BETWEEN ONSET AND DEATH		
	DUE TO		me	tastases			
	rise to immediate couse (b) storing the underlying couse lost. (c)						
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.						
1	OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Port II of item IB.)			
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)		

Jan

M.D.

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING PHYS.

21. I certify that (this hospital) attended the deceased fram.

23b. DATE THEREOF

Osborne, M. D.

Oakmo

saw the deceased olive an

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

24. FUNERAL DIRECTOR

BURIAL, CREMATION, 23b.
REMOVAL (Specify)
Removal

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remavol, and in any event, within 72 haurs after death Page 4 may be retained by the haspital or attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death

VR A15 (4) 20 M 1/66

MED. DIRECTOR

66 ta

and that death occurred at 1008M, from causes and on the dote stated above.

STAFF PHYS.

U. S. Naval Hospital, Bethesda, Md. 23d. LOCATION (City or Town) (County) Lafayette California

REC'D BY REGISTRAR 1966

19_66 that (1) (we) last

(Stote)

22b. DATE SIGNED

Mar. 10,1966

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

$(M_{y_{\overline{a}}})$		03881	V OF STATISTICA	LILOL	CERTIFICAT	TE OF I	DEATH	OIKEL	, DALITMO	, it is 1, 1917	13871	
1 and ter deat	1.	PLACE OF DEATH a. COUNTY Montgo		del	MARYLAND		RESIDENCE Maryla		ased lived, If In b. COU	NTY	idence before admi	ssion)
in by the s. Pages hours aft Pied		b. CITY OR TOWN Write RURAL Highpo	N (If outside corporate and give nearest town)	limits,	c. LENGTH OF STAY IN 15	c. CITY OF	Highpo	utside corp	orate limits, w	rite RURAL a	nd give nearest t	own)
ed ers.		d. NAME OF HOS	PITAL OR INSTITUTION	(If not in h	ospital, give street eddress	d. STREET	ADDRESS				e. IS RESID ON A FAR	ENCE RM?
papers. papers. hin 72 h		6001 1	lassachusett	s Ave	enue	6001	Massa	achuse	tts Ave	nue		OV
prietely printerely ht, wit	3.	NAME OF DECEASED (Type or print)	First JUANITA		Middle AYERS	BARIDO		4. DATE OF DEATH	Mont	th	Day Year 16 196	6
9/9/50	5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	9.	AGE (In years last birthday)		YEAR IF UNDER 2	
50 E	_	Female	O CO	WIDOWED	DIVORCED	9/16/	08		57 yrs.			Min.
nding physician and Then please refu removal, and In any ontgomery	10a dur	USUAL OCCUPATING Most of Workle	ION (Give kind of work doing life, even if retired)	I	IND OF BUSINESS OR NDUSTRY OWN Home		APLACE (Cou	inty & State,	or foreign countr	y) 12. CIT COL	IZEN OF WHAT JNTRY?	
ple ple	13.	FATHER'S NAM			MII HOME		IER'S MAIDE	N NAME		1 0	Dalla	
Then emova orte		rank Aye				Mo	lla Me	elton				
or r	15 (Ye	. WAS DECEASED Es, no, or unkown)	VER IN U.S. ARMED FORC (If yes give war or dates of se	ES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT			Addre	ess		
		No ·		5	79-36-0143	Mrs. Di	xie Gi	ldon	- Same	as ite	em #2	
	-		DEATH [Enter only one of	ause per l	ine for (a), (b), and (c).]			7	-		ONSET AND DE	EEN ATH
gned by t al-transit ial, crema Exam		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	9	eneral C	arci	non	ala	sis		mont	0
burial-t		Conditions, If		10	rimany co	irci	roma	01	Ling		18 m	0.
the to to ica		gave rise to cause (a), st underlying caus	ating the DUE TO					0				
ificate has for use as Health pri	ICATION				UTING TO DEATH BUT NOT RE	LATED TO THE	TERMINAL DI	SEASE COND	ITION GIVEN IN	PART 1(a)	19. WAS AUTO PERFORMI	ED?
L'Logar	CERTIFI	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DEATH OF MEDICAL EXAMINE	20b.	DESCRIBE HOW INJURY OC	CURRED. (Ente	r nature of	injury in Pa	rt I or Pert II	of Item 18.)		
र प्रवाहर	MEDICAL	20c. TIME OF I		ar 20d. While	Not While fac	LACE OF INJUR	RY (Home, far fice bldg., etc		City or town)	(Cour	ity) (Sta	ite)
RECTOR: After the should be de with the State Dr.	-	21. I certif	y that (1) (this hospital	al) attend	ed the deceased from1966_ and th	Sigs					that (1) (we	
Sh vith	57	saw the dec	ceased alive on 2	- 11	1966, and th	iat death occ	urred atx	/ M, Tro	m the causes		e date stated a	DOVE
DIRECTOR: age 3 shou		K	M. Till	eyil	72. N	I.D. PHYS.	D	IRECTOR	STAFF PHYS.	3-	16-66	,
tor, p		22c. PHYSICIA NAME (Ty	ma1	illey		22d. A	DDRESS 1 Mass	Ave	, NW,	Wash_	D.G.	
TO FUNERAL DIRECTOR, page 3 should be filed v	238	BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE THI	EREOF	23c. NAME OF CEMETE	RY OR CREMA			CATION (City,			e)
-	24	Burial	3/19/66		Fairview C	emetery	l osa peci	D BY REGIS	lpepper	Vir	rinia SIGNATURE	
A15 (4)			er's Sons, W	lashir	ngton, D.C.		DAMAR	2 1 19	M	liarle		

VR A15 (4) 15M 4-64

TO HOSPITAL

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death."

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03882 CERTIFICATE OF DEATH funeral and 2 death. death. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE OF DEATH 1. a. COUNTY ges 1 after the f 10n/00meRC MARYLAND b. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 10 Pag papers. Pag hin 72 hours hours filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within NOK YES executed within completely First 3. carbon NAME OF DATE Month Middle Last 4. Day Year DECEASED OF DEATH event, (Type or print) 19 6 COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS and con SEX 6. 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours WIDOWED DIVORCED ermit. Then please re 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 1Db, KIND OF BUSINESS OR 11. BLRFHPLACE (County & State, or foreign country) during most of werking life, even if retired) COUNTRY? certificate be OPI nnA. A FATHER'S NAME MOTHER'S MAIDEN NAME George Kill Bartlett Huggler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 2102 Doyton St. permit. death (Yes, no or unkown) (If yes give war or dates of service) Silver Spring KXX Bartlett Louise TO FUNERAL DIRECTOR: After this certificate has been signed by the all director, page 3 should be detached for use as the burial-transit per should be filed with the State Dept. of Health prior to burial, cremation, 60 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate 0 DUE TO cause (a), stating the underlying cause last. (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO T ERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by ATTENDING p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 97 1966, and that death occurred at 185 M, from the causes and on the date stated above. 222. SIGNATURE 22b. DATE SIGNED ATTENDING MED STAFF Page 4 may b DIRECTOR M.D. PHYS. PHYS. ZZd. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE/THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ancoln. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE AR 8 1966 Garley Judge 24. FUNERAL DIRECTOR, 25a. DATE VR A15 (4) 15M 4-64

STREET male white Fed. Golder matt ReTIRED. TENNA. 30 104 11 er c a ... et (n-1-1) = (n-1) + (n-1) = (n-1)serif, and our cool well ended

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	03888	CERTIFICATE	OF DEATH		03873
	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	CTATE	Vhere deceosed lived, if institution: Erginia b. COUNTY	Residence befare admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (rural)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carparate limits, write RURAL a	and give nearest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hose U. S. Naval Hospital		d. STREET ADDRESS P. O. Box	22	e. IS RESIDENCE ON A FARM? YES \(\times \) NO \(\times \)
	3. NAME OF First DECEASED (Type or print) Nona	Middle (N) Bartle	Lost	4. DATE Month OF March	Doy Year 4 19 66
		RRIED NEVER MARRIED 8	July 1906	11 1100	UNDER I YEAR IF UNDER 24 HRS. onths Doys Haurs Min.
		10b. KIND OF BUSINESS OR INDUSTRY		& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME McIntire		14. MOTHER'S MAIDEN N	NAME	
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) NO	e)	nformant rry H. Bart]	1736 Collumb	ia Road N.W.
	18. CAUSE OF DEATH (Enter anly ane cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	line far (a), (b), and (c).) Metastatic Adenoca	arcinoma of	the Uterus	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave nise to immediate couse (a), stating the underlying couse (b) DUE TO (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES M NO
	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (I	Enter nature af injury in F	Part I ar Part II af item 18.)	
		While at wark I focto	E OF INJURY (Home, farm ory, street, office bldg., etc.)		(Caunty) (State)
	21. I certify that (this hospital) saw the deceased olive on Marc	attended the deceased from 1 19 66, and that	Dec. 23 , 1 death accurred at		an the dote stated above.
	220. SIGNATURE Jul Elva	ika M.D		MED. DIRECTOR PHYS.	March 5,1966
	22c. PHYSICIAN'S Joel E. Wink			val Hospital Bet	hesda, Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify)	23c NAME OF CEMETERY OR C 966 Arlington Nat:		23d LOCATION (City or Tawn) Arlington, Vir	(County) (State) ginia
	D A Thamas language	Wiscons APPRASvenue sda, Maryland	2Sa. REC'D DATE A	7 0: 1001	RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and inconvevent, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

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		MAKYLA	ND STATE DE	PAKIMENI	UF HEAI	.IH		
ivisian	af STATISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET,	BALTIMORE,	MARYLAND	2120
		(FRTIFICATE	OF DEAT	TH			

03884		CERTIFICATI	OF DEATH		03874
1. PLACE OF DEATH o. COUNTY MontGo	mery	MARYLAND	o. STATE Md.	b. cour	Montgomery
b. CITY OR TOWN (If out write RURAL and give	Sering	c. LENGTH OF STAY IN 1b		utside carparate limits, write RUI	Blud. Beth. Md
Chery Chese	WURSDIG tan		d. SIKEET AUDKESS		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Mary	Middle	Barton	4. DATE Mont	29 1966
S. SEX 6. C		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Dec 4, 1879	9. AGE (In yeors last birthday) Yrs.	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give during most af warking life, e	ven if retired)	10b. KIND OF BUSINESS OR INDUSTRY	OHio	& State, ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME BYRON	Allison	Ly social recipity no. 1.17	14. MOTHER'S MAIDEN Caroli	ne Hine	
15. WAS DECEASED EVER IN L (Yes, na, ar unknawn) ((If ye	s give war ar dates af serv	vice)	INFORMANT IPrimin R. A.	Addre 1 Chevy	Chase Nursing Contes
PART I. DEATH WAR STATE OF THE PART I. Conditions, if ony, which rise to immediate countries the underlying last.	S CAUSED BY: IMMEDIATE CAUSE (o) _ DUE TO h gove se (a), couse (c) _ (c) _	Cerebrovase.	arterios	clevers	INTERVAL BETWEEN OUSET AND DEATH 20 7-3
PART II. OTHER SIGNIFIC	No	IBUTING TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UND OR CONTRIBUTING COMMENT (IF EITHER, NOTIFY MEDIC OR CONTRIBUTION COMMENT HOUR O.M.	USE OF DEATH (AL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY / Hour o.m. p.m.	Month, Day, Yeor 19		ACE OF INJURY (Home, farn tory, street, affice bldg., etc.		(County) (State)
saw the decea	-	1) attended the deceased fram_ -2.6-1966_yand the	FYCE, Z at death accurred at	1964, ta 3-29 257.M, fram causes	and an the date stated abave
22a. SIGNATURE	Stephe	a W. Deter M	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b, DATE SIGNED 3-29-1966
22c. PHYSICIAN'S NAME (Type)	STEPHEN	W. DE TER, M.			WE BETHERDA, MO
23a. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR	3/29/0	ADDRESS	an Country 250. RECT		wn) (County) (Stote) GISTAR S SIGNATURE LIANCES JURGE

2 ASSESSED ADMINER DEPROPRIESTO, U.

Since the Solution of the Since of the Since

RTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAIL HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institutions Residence before admission) e. COUNTY ease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the State Department of earth or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death. e. STATE b. COUNTY MARYLAND MONTGOM b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (in outside corporeta limits, write RURAL and give nearest town) write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 8 YES NO 3. NAME OF Middle DATE Month Day Year DECEASED OF (Type or print) DEATH 19 66 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one sause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Septicemia secondary to extensive burns. IMMEDIATE CAUSE (e) DUE TO 30% body area, accidental. Conditions, if any, which geva rise to immediate cause **DUE TO** (e), steting the underlying cause lest. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY REREORMED? YES NO 20s, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Pert I or Pert II of itam 18.) PRIMARY OF CONTRIBUTING Deceased using cleaning fluid, burned when it ignited CAUSE OF DEATH cigarette. MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not Whila While Kensington 19 66 et work at work Home Montg. Md. 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry and in my opinion death resulted from: Natural causes Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPLITY MEDICAL EX **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) please 4 should O FUN Health 220. BURIAL, CREMATION. 22b. DATE THEREOF NAME OF OR CREMATORY CEMETERY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A1SME 66 5M 1/63

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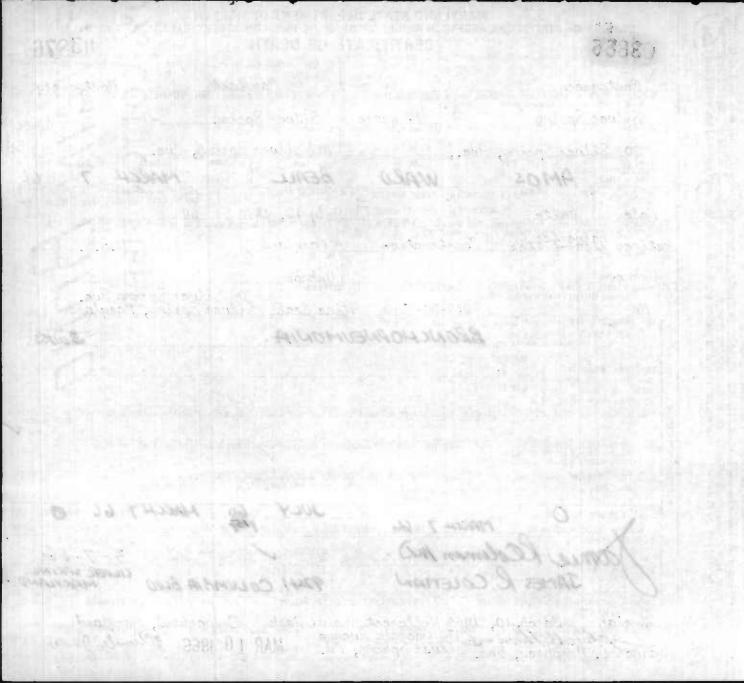
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL MARCO

MARYLAND STATE DEPARTMENT OF HEALTH	
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
CERTIFICATE OF DEATH	113876

1.	PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before	
	Mantagemen Maryland	a. STATE B. COUNTY Montgom	
	b. CITY OR TOWN (if outside corporate limits. C. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give no	earest town)
	write RURAL and give nearest town)		,
_	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)		RESIDENCE
		01	N A FARM?
	707 Silver Spring, Ave.	707 Silver Spring, Ave. YES	
3.	NAME OF First Middle DECEASED A GOOD AND A GOOD A GOOD AND A GOOD A GOOD AND	Last 4. DATE Month Day	Year
	(Type or print) AMOS WARD	DEALL DEATH 19AICCH	1966
5.	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 7	DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 1 YEA	NDER 24 HRS.
	Male WIDDWED DIVORCED	July 12, 1876 89 yrs.	
10a	. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF V COUNTRY?	TAHV
	existed steam-fritter Construction	Maryland. U.S.A.	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Unknown	Hickory	10
15	WAS DECEASED EVER IN U.S. ARMED FDRCES? 16, SOCIAL SECURITY NO. 17.	Unknown INFORMANT 707 C. Address	
(Ye	s, no, or unkown) (If yes give war or dates of service)	10/ Silver Spring Ave.	
-		ice Reall Silver Spring, Maryland	DEDWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET A	L BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEU	MONIA.	IKS.
	491X DUE TO		
	Conditions, If any, which (b)		
	gave rise to Immediate cause (a), stating the DUE TO		
	underlying cause last. (c)		114
S S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		S AUTOPSY
CAT		YES	RFORMED?
TFI	20a. ACCIDENT WAS UNDERLYING THE 1 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYINC ☐ 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		- 706
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
MEDICAL	Hour a.m. While Not While	y, street, office bldg., etc.)	
Σ	p.m. 19 at work at work	1111 4 10 . 11887117-11	1
	21. I certify that (II) (this hospital) attended the deceased from	JULY, 1960, to MARCH 7, 1966, that	
		death occurred at \$45PM, from the causes and on the date st	
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SICNE	/
	amee Coleman M2. M.D.	PHYS. DIRECTOR PHYS.	0
	220. PHYSICIAN'S TAME (Type) TAME (Type)	22d. ADDRESS SILVER SPR	ING.
	JAMES 10. COCETIAN		YLAND.
23a	. BURIAL, CREMATIDN, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	Burial March 10 1966 Hillcrest Ru	rial Park Cumberland Maruland	
24	FUNERAL DIRECTOR BY Skorna 8434 GEORGIA Ave	25a. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATU	
11	Varner E. Pumphrey Inc. Silver Spring,		gal
10	TO LINE OF THE PARTY OF THE PAR		

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03887	
ACE OF DEATH	

CERTIFICATE OF DEATH

03877

	9300	CERTIFICATE	OI DEATH		00011	
ŢĪ.	PLACE OF DEATH		2. USUAL RESIDENCE (When	e deceosed lived, if institution: Resid	ence befare admission)	
١,	montenery.	MARYLAND	Manyland	b. COUNTY	Vante men.	
尸		c. LENGTH OF STAY IN 1b		e carporote limits, write RURAL and g	ing named town	
	b CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)		09		IVE ILEGIPSI TOWN)	
1	JETHESAG	NewBorn.		WU	13-1	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in has	pital, give street address)	d. STREET ADDRESS	0110.	e. IS RESIDENCE ON A FARM?	
1	Suburban Haspita		15-100125	DIUNT LOAD	YES NO	
3.	NAME OF First	Middle 0	Lost . 4.	DATE Month	Doy Year	
	Type ar print)	Buy De	ckwith	DEATH march	26 146	
S.	SEX , 6. COLOR OR RACE A MAR	RRIED NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.	
	male Negar WIDE	OWED DIVORCED DIV	nat appliant	lost birthday) Months	Days Haurs Min.	
	70-700	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St		CITIZEN OF WHAT	
di	ring most of working life, even if retired)	INDUSTRY	man 6	/	OUNTRY?	
-	FATURE MANY	-	11919 19nd-	Montgamery		
	B. FATHER'S NAME	7-1	14. MOTHER'S MAIDEN NAM			
L	Harved It Beck		Comon			
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor ar dates af service	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	all.	
1	to job dikilowity (it job give words di datos di sovite	1 - Ha	rold It. D	echwith (104	her)	
	18. CAUSE OF DEATH (Enter only one couse per li	ine for (o), (b), ond (c).)		C	INTERVAL BETWEEN	
	PART 1. DEATH WAS CAUSED BY:	Exsanguination, in	traabdominal		ONSET AND DEATH	
	DUE TO				- 17	
1	Conditions, if ony, which gove) (b) Rupture Liver, spontaneous					
Н	rise to immediate couse (o),	tubente miver, spe	on caroous			
	storing the underlying couse					
					The was autorsy	
N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?					
CFRTIFICATION	more				YES 🔼 NO 🗌	
I E	20o. ACCIDENT WAS UNDERLYING ☐ 2 OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part	I ar Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor		E OF INJURY (Home, form,	20f. (City or town) (C	Caunty) (State)	
ME	Hour o.m.	While of work of work of octa	ry, street, affice bldg., etc.)			
	21. I certify that (I) (this haspital)		Terta 19	10.3/26/64 19), that (I) (we) last	
	sow the deceosed alive an 12	3/201966, and that	death accurred at/2	55 A. M. from causes and on	the date stated above	
	22g. SIGNATURE 1/1/1	1		22b	DATÉ SIGNED	
	Millolllugue	M.D.	. PHYS. PHYS.	ECTOR D STAFF D 3	26/66	
	22c. PHYSICIAN'S	mis	22d. ADDRESS	terok & Tills.	-/	
	NAME (Type) J. WM STUHLA	MAN M.D.	4711 CHASE	AVE DETHESDA	1d 20014	
25	IG. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town)		
12.	REMOVA (Specify) 3-27-66		ey cemetery	, Clarksburg,		
) -						
	14. FLINEBAL DIRECTOR	Rockville,	Md . 2So. REC'D BY			
	Withell & Summale		DAMAR	29 1966 Poliar	las Judas	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. pletely filled in by the funeral carban papers. Pages 1 and 3 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 shauld be detached far use as the burial-transit permit. Then please can should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in a Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

2 1 1 1 1776 Ti-lay district, other resident AND THE METERS OF STREET

	MARYLAND STATE	DEPARTMENT OF HEALTH	
Division of STATISTICAL	RESEARCH AND RECORDS,	, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201

03888	CERTIFICATE	OF DEATH		03878
I. PLACE OF DEATH		2. USUAL RESIDENCE (Where de		dence before admissian)
o. COUNTY Montgomery	MARYLAND	o. STATE Marylan	id b. COUNTY N	Montgomery
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		give nearest tawn)
Silver Spring		Silver S	pring	15-1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
10411 Huntley Ave.,		10411 Huntle	y Ave.,	YES NO 🔀
3. NAME OF First DECEASED (Type or print) Frank	Middle Bell	last 4. DAI OF DEA		Doy Year 5 19 66
S. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS.
male Cauc. WID	OWED DIVORCED 2	8 July 1900	65 yrs.	
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR Barber	11. BIRTHPLACE (County & State, a Italy		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Salvatore Bellafiore		Filipa Mara	sia	
IC WAS DECEASED EVED IN H.S. ADMED EODOS	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes, no, grunknawn) (If yes give war or dates of service	Ad	lelaide J. Bella	afiore wife	2a, b, c, d ab
18. CAUSE OF DEATH (Enter only one cause per l	ine for (a), (b), ond (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized metastases ONSET AND DEATH				
177 X DUE TO AC	lenocarcinoma o		t.e	8 months
rise to immediate cause (a)			O MONOTONS	
stating the underlying cause DUE TO				
last. (c)	TIMO TO DEATH BUT NOT DELATED TO 3	TENTINE DISEASE CONDITION O	Stiffer the BART II A	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION C	DIVEN IN PART I(d)	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar	Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Yeor Hour o.m. 19		E OF INJURY (Home, form, ory, street, affice bldg., etc.)		County) (State)
21. I certify that (I) (this hospital) attended the deceased fram , 1905, ta March , 1906, that (I) (we) last saw the deceased alive an 1906, and that death accurred at 1000, fram causes and an the date stated abave.				
220. SIGNATURE Laniel L Heyel M.D. ATTENDING MED. STAFF 22b. DATE SIGNED March 5. 1966				
22c. PHYSICIAN'S NAME (Type) Daniel L. Hayes 22d. ADDRESS 8218 Wisconsin Ave. Bethesda Md.				
23a. BURIAL, CREMATION, REMOVAL ISpectify Burial 9 Mar. 19	23c. NAME OF CEMETERY OR C	CREMATORY 23d.	LOCATION (City or Town) Ladensburg, I	(County) (Stote)
24. FUNERAL DIRECTOR	ADDRESS NW	: DC 2Sq. REC'D BY REG	0.	
Rinaldi Funeral Home.	Inc. 7400 Georgia	a Ave MAR 7	1956 Milan	Can Judge

and campletely filled in by the funeral remove carban papers. Pages 1 and 2 nany event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys director, page 3 shauld be detached far use as the burial-transit permit. Then a shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remavel.

VR A15 (4) 20 M 1/66

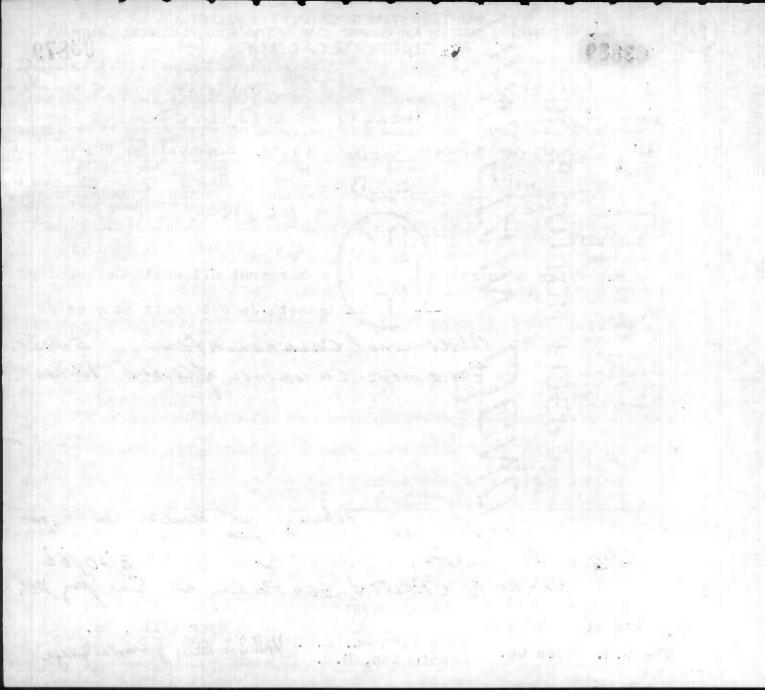
THE PARTY OF THE P WEBLIG DEV. AND A SAME AND A SAME CONTROL OF THE PROPERTY OF THE PARTY OF THE the property of the property o ATT FOR 10 - 100) Trace of Title with the tender the substant the second the second the second ent it sometil heart, etc. (All ecusions it but

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 03889

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
MONT GOMERY MARYLAND	a. STATE DISTRICT D. COUNTY = Columbia
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Spring. 4dAys	WAShiNG TON 47-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Holy Cross of Silver Skrive	1752 LAMONT ST. WW YES NO 1
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Lel A	envett DEATH 3 20 1966.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
female white widowed Divorced	9 26 78 S yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working rige, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
nousewrite, commented,	MARY AND USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Simon Peter Raymer	Margaret Elizabeth Deloughter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
	izabeth Jane Bennett same as #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) abdominal	Carlla om a fose S Mos .
	Carenomatoses, 5 mos,
Conditions, If any, which (b) Squamages (Tani demand 12man
gave rise to immediate (b)	manine of cervice in now.
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CA	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of Injury In Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACI factory p.m. 19 at work at work	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	y, street, office bldg., etc.)
	7 30 100
21. I certify that (I) (this hospital) attended the deceased from	
	death occurred at 2/554M, from the causes and on the date stated above.
22a. SIGNATURE 71 (O. A.)	22b. DATE SIGNED
Stary (auffor, M.D.	PHYS. DIRECTOR PHYS. 3/20/66
NAME (Type) HADRIC AL PARTALL	22d. ADDRESS
MAIL (1900) AFARKY IV, CHRYON	909 Bushen K. John Jen 189-
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town or county) (State)
burial 3/22/66	Myersville, Md.
24. FUNERAL DIRECTOR 2001 ADDRESS St	NT 1 2504 PEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The S.H. Hines Co. Washington D.	MAR 2 3 1966 Cleanles Ques
Washington. D.	C. DATE

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF DEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF DEALTH 03890 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Many 1 and b. COUNTY Mont company				
Montgomery	MARYLAND	Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
write RURAL and give nearest town)		TY OR TOWN (If outside	corporate limits, write H	(URAL and give nearest town)		
Olney 6	days.	Olney		15-1		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address) d. ST	d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?				
Montgomery General Hospital		16750 Batche	lors Forrest	Rd. YES A NO		
3. NAME OF FIRST DECEASED	Middle	Last 4. DA	TE Month	Day Year		
	Lamar		ATH March	24 1966		
5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED 8. DAT	E OF BIRTH	9. AGE (In years IFU	NDER 1 YEAR IF UNDER 24 HRS.		
Male White WIDOWED X	DIVORCED 9-21	9-41 1889	76 yrs.			
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR	BUSINESS OR 11.	BIRTHPLACE (County & S	tate, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
		Maryland		11.5 4		
Farmer Farm 13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAM	E	4 - 1		
Henry Benson		Martha	Booton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	SECURITYNO. 17. INFORI	MANT	Address			
(Yes, no, or unkown) (If yes give war or dates of service)	Ho:	SPITAL RECOR	D			
18. CAUSE OF DEATH [Enter only one cause per line for	a), (b), and (c).]			INTER AL BETWEEN OUSET NO DEATH		
PART I. DEATH WAS CAUSED BY:	ad solas	e man	whatever	OLSE I WID DEATH		
IMMEDIATE CAUSE (a)	47.	2	200	120		
4201 DUE TO	as W.	1	· Sun	10 hours		
Conditions, If any, which gave rise to immediate (b)	Marram	a make	mound	1000		
cause (a), stating the DUE TO	111	0 1 1	A 1.	UVV 1		
underlying cause last. (c)	rangen	an un	N. Born			
5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?		
CAI				YES NO		
20a, ACCIDENT WAS UNDERLYING 20b, DESCRIE	E HOW INJURY OCCURRED.	(Enter nature of Injury I	n Part I or Part II of Ite			
G OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY (Hour a.m. p.m. 19 at work a			f. (City or town)	(County) (State)		
Hour a.m. While No	t wulle	et, office bldg., etc.)		1.4		
	work	1.50	14			
21. I certify that (I) (this hospital) attended the		7 3 3, 19	to	132, that (I) (we) last		
	1967, and that death	occurred at 1.10		on the date stated above.		
22a. SIGNATURE	ATT	TENDINO MED		b. DATE SIGNED		
/ K an	M.D. PHY	YS. MED.	R PHYS. 3	-24-66		
22c. PHYSICIAN'S	22	d. ADDRESS				
NAME (Type) Dr. Charles Ligon		SANDY S	PRING, MARYL	AND		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY OR CR	EMATORY 23d.	LOCATION (City, town	or county) (State)		
REMOVAL (Specify)		1.4	1 1 25	Washington,		
24. FUNERAL DIRECTOR	William Lee	25a. REC'D BY R	n and Mass.	TRAR'S SIGNATURE		
		25a. REC'D BY R				
Francis H. Barber Gaithers	burg, Md.	PXHEU TO	1966 Jalian	eles Judge		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cambe carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M 1/65

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Mariba 21 881 XX 22 - 0 - 12 XX 1889

THE STATE OF THE S

Cresation 228-60 J. William Lee 4th and lass. Iv. D. C.

Trancis H. Birber Catthersong, ad. AMALA BUE & Control of the Cont

STATE HEALTH DEPT.

> O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1. 2, and 3 to be director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. the State Department 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Filedrates 1 and 2 with of Health or its designated agent, prior to burial, cremation, or removal, and the event within TO DEPUTY MED

2

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINED'S CERTIFICATE OF BEALTH

03881

1	PLACE OF DEATH	O HOUSE DECIDENC	E (Where deceased lived, If institution: Ro	ecidence before admission)
1.	a. COUNTY	a. STATE	b. COUNTY	estucined betwee numberony
	MONTGOMERY MARYLAND	MARYL		RV
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If	outside corporata limits, write RURAL	
7				10-1
1	BETHESDA, MARYLAND 1 Hr. 47 Min.	Chevy Cha	ase, Maryland	15-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
U.	S. Naval Hospital, Bethesda, Maryland	7206 pela	fieldvenue	YES NO Q
3.	NAME OF First Middle	Lest	4. DATE Month	Day Year
	Organia (Type or print) Harold Sloop Berdine		DEATH March	12 19 66
5.		B. DATE OF BIRTH	9. AGE (In years IFUNDER last birthday) Montha	
	Male Cauc WIDOWED DIVORCED	15 JULY 19	01 64 yrs.	
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (S		TIZEN OF WHAT
our	Ing most of working life, even if retired) Retired — U.S. Coast Guard	Ringhamt		JSA
12	FATHER'S NAME	14. MOTHER'S MAID		JUA
13,				
15	Harry O. Berdine . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	1	rene Maude Sloop	
(Ye	s, no, or unkown) (If yes give war or dates of service)	s. Beulah E.	Berdine (Wife)	
	YES WW II 720	06 Telafield	Avenue, Chevy Chase	e. Maryland
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Myocarelial	Intarctio	7.	ONSET AND DEATH
	IMMEDIATE CAUSE (a)			
	9201 DUE TO	r-1 1		· l101.
	conditions, If any, which (b) Coronery	1 ULOW 13	0813-	. 1000
	gave rise to immediate (11.000
	cause (a), stating the DUE TO Carclic V2:	senjat !)15e28e-	42015
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
유				PERFORMED?
S S				YES X NO
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	IRRED. (Enter nature of	injury in Part I or Part II of Item 18.	.)
LC		CE OF INJURY (Home, fa	arm. 20f. (City or town) (Cou	inty) (State)
CA	factor	ry, street, office bldg., e		mit)) (otate)
4ED	Hour a.m. While Not While at work		THE STORY OF THE SECTION OF	
-	21. I certify that I took charge of the remains described above, hel	d an Autopsy 📝.	Inspection X, Inquiry X,	and in my opinion
		cide . Homici	de . Undetermined manner	
	death resulted from: Natural Causes (2), Accident [], our	CHIEF MEDICA		
	ACTUAL O. L. L. B. CO			22. DATE SIGNED
	SIGNATURE John G. Ball	M.D.	DICAL EXAMINER 2/13/	
	PVALIDITATO	DEPUTY MEDIC	TAL EXAMINER $3/13/6$	66
	EXAMINER'S NAME (Type)	Address (Stree	t, city, town, or county)	
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	unty) (State)
	Burial 3-15-1966 Arlington Nati	onal Cemete	ry Arlington Arl	ington Va.
24	FILMERAL DIRECTOR		C'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
			17 1956 Mclianle	Outst
Jo	oseph Gawler & Sons N.W. Washington, D.C	• DATAR	17 1956 Jelianle	Judge

VR A15ME (5)

Committee of the commit

TIMORE, MARYLAND 21201

	Division of STATISTICAL RES	SEARCH AND RECORDS, 30	W. PRESIUM SIKEE	I, BALIIMOKE, MAKTLA	AND 21201	
	03892	CERTIFICATE	OF DEATH		03882	
1.	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Virgi	ere deceased lived, if institution b. COUNT	an: Residence befare admission) TY ARLINGTON	
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Bethesda (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	ide carparate limits, write RUR/ ON	AL and give nearest tawn) 83 - 3	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital U. S. Naval Hospital	al, give street address)	d. STREET ADDRESS 2667 North	Upshur St.	e. IS RESIDENC ON A FARM YES NO	
	NAME OF First	- L		4. DATE Month OF DEATH March 9. AGE (In years last birthday)		
du	a. USUAL OCCUPATION (Give kind of work done ripe most of working life, even if refired). Captain	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Hartford,	State, ar fareign country) Conn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13	Wells Rood Bill, Sr.		14. MOTHER'S MAIDEN NA Lucia Sha			
1S (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, grunknawn) [(If yes give war or dates of service) 18. CAUSE OF DEATH (Enter anly ane cause per line PART I. DEATH WAS CAUSED BY:	MENEUN M. for (a), (b), and (c).)		W. Bill, 2667	S Arlington, Va. N. Upshur St. INTERVAL BETWEE	
	IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	Cirrhosis liver	with hemorr	hage	ORSET AND DEAT	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPS) PERFORMED? YES NO	
CERTIFICATION						
MEDICAL	Haur a.m. Wh		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (Stat	
	21. I certify that (1) (this haspital) atta saw the deceased alive an Mar.	ended the deceased fram_ 61966_, and tha	t death accurred at_	A .M .	, 166_, that (X) (we and an the date stated all 22b. DATE SIGNED	
	22c. PHYSICIAN'S	M.	D. ATTENDING M PHYS. D	AED. STAFF IRECTOR PHYS.	1	
	NAME (Type)	26 20	II C Nosse	3 Hospital T	2-412- 363	

23b. DATE THEREOF

W. Chamber Funeral Home

66

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

requires that the death certificate be executed within 24 haurs after death.

completely filled in by the fundave carban papers. Pages 1 ve carban papers. Pages 1 event, within 72 haurs after

signed by the attending physician burial-transit permit. Then please

director, page 3 shauld be detached far use as the burial-transit permit. Then pleat shauld be filed with the State Dept. af Heolth priar to burial, crematian, or remaval, and

3 shauld be detached far use as the

23a. BURIAL, CREMATION.

24. FUNERAL DIRECTOR

PEMQVAL (Specify)

VR A15 (4) 20 M 1/66

ADDRESS Chapin

Arlington National

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Arlington REGISTRAR 1966

(Caunty) (State) Virginia

166, that (1) (we) last and an the date stated above. 22b. DATE SIGNED Mar. 7, 1966

Bethesda, Md.

e. IS RESIDENCE ON A FARM? NO K

Year 19 IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

(State)

The Artist State of the Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

/		03898	CERTIFICATE	OF DEATH		112883
		COUNTY Montgomery	MARYLAND	o. STAMARY LANT	nere deceosed lived, if institution b. COUNTY	
		o. CITY OR TOWN (If outside corporate limits, Owite RURAL and give nearest tawn) KENSINGTON	c. LENGTH OF STAY IN 16	CHEVY CH	ide corporate limits, write RURA HASE	15-1
,	,S	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g YLVAN MANOR HEALTH CENTER-	-2700 BARKER ST		VCE ROAD	e. IS RESIDENCE ON A FARM? YES NO
	(NAME OF SECENSED Type or print) STHER		lackER	4. DATE Month OF DEATH 3	23 1966
	5. 5	FEMALE WHITE WIDOWED	DIVORCED	12/1/1887		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	duri	ng most of working life, even if retired) HOUSEWIFE	ND OF BUSINESS OR DUSTRY HOME	11. BIRTHPLACE (County & RUSSI /	4	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME MORRIS ?	2 8 8	14. MOTHER'S MAIDEN NA RACHE I		
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknown) (If yes give wor or dates of seep)	13	FORMANT . PEARL THRO	OTT CHEVY CHA	E ROAD SE, MARYLAND
		18. CAUSE OF DEATH (Enter only one couse part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Broncho-p	neunoma		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (o).	E Congestive 6	teart FAIlur	e	1 week
		stoting the underlying couse (c)	F OR			
	CATION		neck left	termer	= occurred 2/	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION		scribe how injury occurred. (I			
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 2/5 19 66 of work	Not While of focto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	5. (City or town)	Brostyy And
		21. I certify that (I) (this hospital) ottend saw the deceased alive an 3/23	ded the deceased fram 19 <u>66</u> , and that		66 to 3/23 O M, fram causes an	, 19 6, that (1) (we) last nd an the date stated abave.
,		220. SIGNATURE MAY S.	herer M.D		MED. STAFF PHYS.	3/23/66
			HERER MO	800 18	ersting Dr.	Silver Spring Md
		BURIAL, CREMATION, 23b. DATE THEREOF 3/25/66	23c. NAME OF CEMETERY OR CEDAR PARK		PARAMUS, NE	W JORSEY
	24	FUNERAL DIRECTOR SOL LEVINSON & BROS. INC.	ADDRESS O 10 REISTERSTO			STRAR'S SIGNATURE

compretely filled in by the funeral polycembar papers. Pages 1 and 2 persent within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after deeth. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comdirector, page 3 shauld be detached far use as the burial-transit permit. Then please removes shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remayal, and in any ex

VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

division of statistic 03894

MARYLAND STATE DEPARTMENT OF HEALTH	
AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH	03884

1. PLACE OF DEA	TH		2. USUAL RESIDENCE (Wh a. STATE	ere deceased lived, if institution b. COUNTY	: Kesidence Detore admission)			
Montgo	merv	MARYLAND	Maryland	Montg	omerv			
b. CITY DR TD	WN (If outside corporate limits, L and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If outsid	e corporate limits, write RUR	AL and give nearest town)			
Bethes		1 day	Kensington 15-1					
d. NAME OF H	OSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?			
	cal Center, Bethes		4019 Decatur		YES NO X			
3. NAME OF DECEASED	First	Middle		DATE Month	Day Year			
(Type or print	Gary Ar		XUIZWUZZ	DEATH March	3 1966			
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IFUND Month	ER 1 YEAR IF UNDER 24 HRS.			
Male	White WIDOWED	DIVORCED	23 July 1928	37 yrs.				
10a. USUAL OCCUP. during most of wo	rking life, even if retired)	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County &	State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
Salesm		oe store	South Carol		U.S.A.			
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME				
Clyde	Blackwell		Lydia Varne	r				
15. WAS DECEASE	D EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANThe Medic	al Record				
No			e Clinical Cent		Md. 20017			
	F DEATH [Enter only one cause per		o otthicat och	Jer Boomesaa	INTERVAL BETWEEN			
			mahmal hamamah		ONSET AND DEATH			
2 - 4	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Righ	t sided intrace	erebrai nemorra	age	1 day			
204		- Muses and dell du	famation		l day			
Conditions, I	n lmmediate (b) Acut	e Myocardial in	niarction		1 day			
cause (a),	stating the DUE TO							
underlying ca		nic Myelogenous		A A CONTINUE OF THE PARTY	6 years			
PART II. OTHE	R SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	ECONDITION GIVEN IN PART 1	(a) 19. WAS AUTDPSY PERFORMED?			
ICA					YES X NO			
PART II. OTHE 20a. ACCIDEN OR CONTRIBU (IF EITHER, N	T WAS UNDERLYING 20b. TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury	y In Part I or Part II of Item	18.)			
		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town) (County) (State)			
20c. TIME 0 Hour		facto	ry, street, office bldg., etc.)	2011 (011) 01 00111,				
	o.m. 19 at wor	k at work						
	tify that 🐧 (this hospital) attend		March 3 , 19.66	, to March 3, 19	66, that 🕦 (we) last			
saw the c	leceased alive on March 3	19.66, and that	t death occurred at 7:45	M, from the causes and o	n the date stated above.			
22a. SIGNAT	URE	0	ATTENDING - MED.	CTAFE	DATE SIGNED			
ale	sander Cl.	M.C	DIREC	TOR PHYS. X 4.1	March 1966			
22c. PHYSIC	(AN'S			Clinical Center	•			
	Type Alexander A. Le			Health, Bethe				
23a. BURIAL, CR	EMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, town or	county) (State)			
Burial-	ransit 3-5-66	Sunset Mem.	. Park	Spartanburg,	So. Carolina			
24. FUNERAL DI	RECTOR	ADDRESS	25a. REC'D BY		AR'S SIGNATURE			
ROBERT	A. PUMPHREY	Bethesda, Mar	ryland MAR 8	1966 Jolian	les Judge			

VR A15 (4) 15M 4-64

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	and the state of the state of	alal Daile digital	
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Estation, and , Estato	m. Park Sparts	- scame loo-	a-c rimper-interp
	Pige & Mil. ken I con	i , endimined Y	ERPEART HELE

delay

be executed within 24 hours after deoth.

This certificate should

TO DEPUTY

JO. death. Department after hours e Stote I 72 hour 0 within ÷ event 2 pup any 2 puo File permit. remaval burial-transit 0 crematian, 0 SD burial, nsed 9 3 should its designoted ogent, prior 0

PM3. Page and olong with form pencil in Item 18. Give Pages Chief Medical Examiner's ward icote, writing the war pleose execute the certificote, 4 should be retoined for your moy be retoined for your FUNERAL DIRECTOR: Poge Page (the funeral director. FUNE Health

Items 18-21 Film G378 7/MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ams Item 21 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b Glen Echo d. NAME. OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? RAITHIE NO 3. NAME OF First Middle Last DATE Month DECEASED OF (Type or print) DEATH S. SEX 6. COLOR OR RACE AGE (In years FUNDER 7. MARRIED **NEVER MARRIED** DATE OF BIRTH lost birthday) Months Hours WIDOWED DIVORCED Female 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY ONSET AND DEATH Drug intoxication IMMEDIATE CAUSE (a) DUE TO Overdose of several drugs Conditions, if any, which gave 2 hrs? rise to immediate cause (a), DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?

NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Deliberately took overdose of several 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) Hour a.m. While Not While factory, street, office bldg., etc.) ot work ot work Glen Echo Montg. 21. I certify that I took charge of the remains described above, held an Autapsy Inspection ond in my opinion death resulted fram Natural causes Accident [X] Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** Radiest (Sifeet, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66

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BELL LEFTER SEVENIE ME LA CONTRACTOR DE LA CONTRACTOR DE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANS MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, If institution: Residence before admission) director. Page or your files. a. COUNTY b. COUNTY Maryland Montgomery Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva naarast town) Sandy Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? ould be executed within 24 hours after death. If a virial in pencil in Item 18. Give Pages 1, 2, and 3 to the funers Office along with form PM3. Page 5 may be retained burial-transit permit. File pages 1 and 2 with the State n. or removal, and in any event within 72 hours after 803 Rosemere Street Montagnery General Hospital YES NO NAME OF Middle 4. DATE Month may be reta DECEASED CHESTER PAUL BLASZKIEWICZ (Typa or print) DEATH 19 66 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Male last birthday) Months | Days 9/29/38 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS, OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) Suburban USA New York File pages 1 Tyle. Installer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stanley Bryan, Agnes Jeanette Blaszkiewicz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (Ifyasgivewarordatesofservice) 220 - 34 - 3180 803 Rosemere St., S.S., Md. Blaszkiewicz 18. CAUSE OF DEATH [Enter only one causa per lina for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Partial transsection cervical spinal cord IMMEDIATE CAUSE (a) DUE TO XAMINER: This certificate should, writing the word "pending" in the Chief Medical Examiner's Office: Page 3 should be used as a bur ent, prior to burial, cremation, o Conditions, if any, which at C6 and C7 with massive intracranial gave risa to immediata causa DUE TO (a), stating the underlying hemorrhage. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY CERTIFICATION PEREORMED? NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of itam 18.) PRIMARY TO OF CONTRIBUTING Deceased was driver in head on collision with another motor vehicle CAUSE OF DEATH. should be forwarded to the Chi FUNERAL DIRECTOR: Page ealth or its designated agent, pr 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown) 20c. TIME OF INJURY Month, Day, Yeer (County) (Steta) Whila Not Whilaus at work at work factory, street, offica bldg., etc.) Street 3/6 ,66 Silver Spring Montg. Md. 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection X and in my opinion death resulted from: Natural causes Undetermined manner MIEF MEDICAL EXAMINER March 7, ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TX Belden R. Reap, M. Wheaton, Maryland NAME (Typa) please 4 shoul O FUN Health Address (Streat, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Burtonsville Union Cer. Burtonsvill
434 Georgia Avenue. 1434 Georgia Avenue. 1434 Georgia Burtonsville. VR AISME Silver Spring, Maryland MAR 5M 1/62

Items 18-21 Film G370 A.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
3897	CERTIFICATE OF DEATH	03887

-		the state of the s
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. CDUNTY	a. STATE b. COUNTY
	Montgomery MARYLAND	Massachusetts
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	- · n ·	Florence 52-3
-	Jakoua Park	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?
	Washington Sanitarium	
-		1 7 1 10 10 11 11 11
3		Last 4. DATE Month Day Year
	DECEASED (Type or print)	Robbin DEATH March 15 19 66
5	IDITAL V	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
3	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Days Hours Min.
	Male White WIDOWED DIVORCED 1	May 15 1801 711 yrs.
1/	Da. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
di	uring most of working life, even if retired) INDUSTRY	COUNTRY?
	Retired Fireman Stationary Boiler	Sithuania U.S.A.
	3. FATHER'S NAME	14. MDTHER'S MAIDEN NAME
1		
	Unknown	Unknown
		INFORMANT Address
- 10	Yes, no, or unkown) (If yes give war or dates of service) VES	M. 1 P.11. 195 Nonotuck
	No 1 None 1 014-03-1164 12	s. Mary Ann Bobbin Florence Mass
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]"	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: Con Senting 1	Rother teft ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ince 1/1
	DUE TO YOU	A TO REAL TO SELLED F
	conditions if any which i	Julian Cappellery Milon with a mo
	gave rise to immediate	
	cause (a), stating the DUE TO	Mar
	underlying cause last. (c)	
Z		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
I		PERFORMED?
CERTIFICATION		YES NO X
1	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
a a	DR CONTRIBUTING CAUSE OF DEATH	
		(0)
MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Ē	Hour a.m. While Not While	17, street, ollicopidg., etv.,
2	p.m. 19 at work at work	31/17
	21. I certify that (i) (this hospital) attended the deceased from	2//6/, 19 66, to 3/15/, 19 6, that (1) (we) last
	saw the deceased alive on 3/15/ 19 6 and that	death occurred atM, from the causes and on the date stated above.
	22a. SIGNATURE 10 3 / 0 /	1 22b. DATE SIGNED
	22a. Signature	ATTACANA MED OTACE
-1	M.D	. PHYS. DIRECTOR PHYS.
1	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Chas VI. VVOLOHON	1831 University Blud., Silver Spring, Md.
=	DIVINI ASSESSMENT OF DATE THEOROG 100 DATE OF OFFICE DATE	
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR GREMATORY 23d. LOGATION (City, town or county) (State)
	Burnal March 19, 1966 St. Mary 1 87	EXXXXXX Com North Aunton Mass
-	ADDECC A	1 252 PEC'D BY RECISTRAR 25h REGISTRAR'S SIGNATURE
	Cacincaris 0454 Georgia Tive	
	Naturer E. Pumphrey, Inc. Silver Spring, Md.	DAMAR 18 1966 Charles Judge

VR A15 (4) 20M 1/65

Items 18&21 Film G376 5/MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY-22 PM3. Page to death. MARYLAND delay Department b. CITY OR TOWN (If outside Corporate limits c. LENGTH OF STAY IN 1b. outside corporate limits, write RURAL and give morest town) RURAL and give negrest-town) after akoma t an d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm haurs YES NO X 24 haurs after death. alang with DATE NAME OF Middle Doy 5 First Lost Month DECEASED OF ROT 2.5 within (Type or print) 5 DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X DATE OF BIRTH NEVER MARRIED birthdoy) Months lost -20 WIDOWED DIVORCED Item 18 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stoter or foreign country) 12. CITIZEN OF WHAT during most of working life, even it retired) DC Transit COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within pencil 'd "pending" in pencil Chief Medical Examin 2 Wignall Boteler E pup 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
Ruth L. Boteler-wife Silver Spring, Md be executed (Yes, no, or unknown) (If yes give wor or dotes of service 578-10-8313 remaval INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute coronary insufficiency: IMMEDIATE CAUSE (o) ward This certificate should crematian, DUF TO Conditions, if ony, which gove Coronary artery heart disease. rise to immediate couse (a). 10 DUE TO 0 stoting the underlying couse farwarded OS burial, used 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? certificate, to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior shauld PRIMARY Or CONTRIBUTING shauld AL EXAMINER: CAUSE OF DEATH agent, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Page ot work ot work designated 21. I certify that I taak charge of the remains described abave, held an Autapsy Inspection X and in my opinian Natural causes (2) the funeral director. death resulted from? Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER

23c. NAME OF CEMETERY OR CREMATORY

VR A15ME (5) 6M 1/66

5 may be TO FUNERAL Health ar i

SIGNATURE

NAME (Type)

23o. BURIAL CREMATION.

PAREMOVAL Specify)

24. FUNERAL DIRECTOR Warner E.

23b. DATE THEREOF

Pumphrey, Inc.

March 28, 1966

Washington, DC Rock Creek Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 1966

23d. LOCATION (City or Town)

DEPUTY MEDICAL EXPAINER Audres (Street Lity fown or county) ON A FARM?

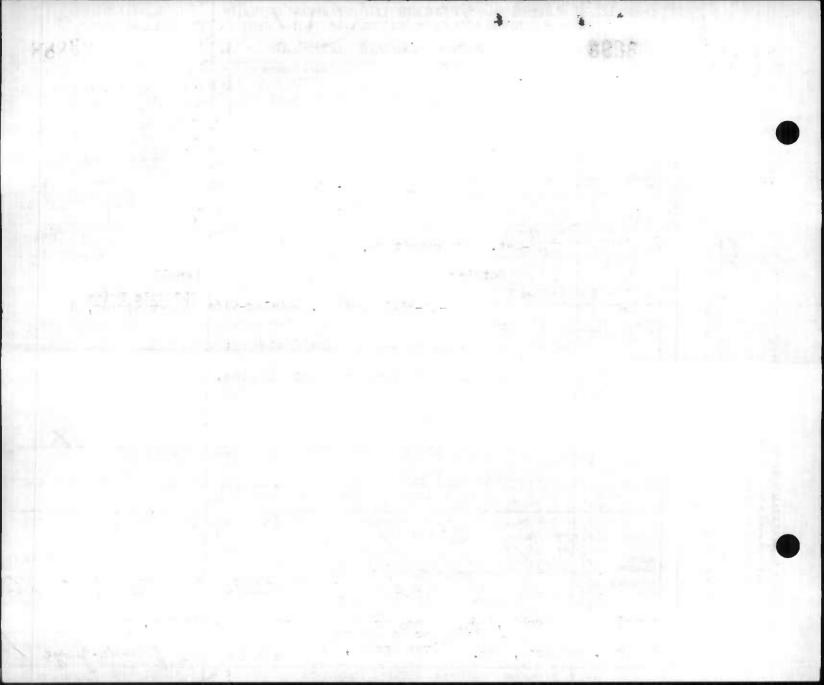
Year

Hours

1966

(Stote)

(County)/



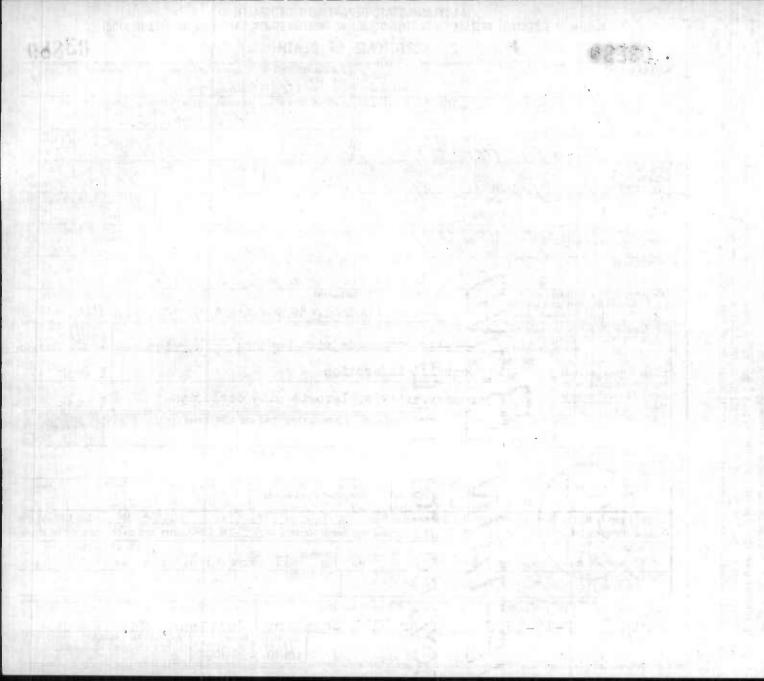
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03899	5	CERIII	FICATE	OF DEATH			03889
1.	PLACE OF DEATH O. COUNTY NONT GOM	=RU		YLAND	2. USUAL RESIDENCE (Whe	ere deceosed lived, if institution b. COUNTY		pefore admission)
	b. CITY OR TOWN (If outside corporate I write RURAL god give nearest town)		c. LENGTH OF STAY	1	c. CITY OR TOWN (If autsic	de carporgre limits, write RURA	and give ne	arest tawn)
	BETHESC	ya.		la.	WAS	Itington .	DC.	47-3
	d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital,			d. STREET ADDRESS	1ST PLACE, 1	V.W.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	ROGER	Middle		BOYDEN		RCH	8 19 66
S.	SEX 6. COLOR OR RACE	/7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		10-1-188		Months Do	AR IF UNDER 24 HRS. Hours Min.
10 du	o. USUAL OCCUPATION (Give kind of work d ring mast af working life, even if retired)		KIND OF BUSINESS OR NOUSTRY	1	11. BIRTHPLACE (County & S Pennsy/va	inia	12. CITIZEI COUNT	N OF WHAT
13	FATHER'S NAME	, B	oyden)	14. MOTHER'S MAIDEN NAM	ME OO	lima	en,
	. WAS DECEASED EVER IN U.S. ARMED FORCES, no. ar unknown) (If yes give war ar da		SOCIAL SECURITY NO.		NFORMANT PLTER W. AHA		1425-hithern	4-57.N-VY BId4.WASH.DL
	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CA		1 11 11 111	ponac	de with ruptu	re myocardium		INTERVAL BETWEEN ONSET AND DEATH Instantaneou
	Conditions, if ony, which gove isse to immediate cause (a),	(b) myc	cardial in	nfarci	tion		i	week
	stating the underlying cause last.	DUE TO COL	conary arte	erios	clerosis with	occlusion	1	Lweek
z	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED?
ATIO	Ulc	ers, du	odena I					YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			OCCURRED. (Enter noture of injury in Par	t I ar Part II af item 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Yea Hour o.m. p.m.	Whil	INJURY OCCURRED e Nat While rk at wark		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County	(State)
	21. I certify that (I) (this	haspital) atte	nded the deceased	fram	APRIL , 195	5, to MARCH 8	1966	, that (1) (we) last
	saw the deceased alive ar	MARCO	47 1966,	and that	death accurred at	M, fram causes ar		
	22a. SIGNATURE	L. Kn	ilmas	M.D	PHYS. DI	ED. STAFF PHYS.	22b. DATE	SIGNED 48/966
	22c. PHYSICIAN'S NAME (Type) POBERT	L. KRIC	CHMAR		22d. ADDRESS 7.7	33 ALASKU AV ASHIXGTON D.	ENJE C. Z	N.W.
23	a. BURIAL, (REMATION, REMOVAL (Specify) 3-10		23c. NAME OF CEM			23d. LOCATION (City or Town		unty) (Stote)
2	4. FUNERAL DIRECTOR	-1966	Cedar	TI	Cemetery	Suitland Y REGISTRAR 256 REGI	STRAR'S SIGN	ATURE
	10	22 500		10	MAR	14 1966 100	arley	Judge

0 whove carbon papers. Pages 1 and 2 y event, within 72 hours after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death campletely filled in by the funeral pre carbon papers. Pages 1 and in e **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please uses shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and in di Page 4 may be retained by the haspital ar attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Office

the Chief Medical Examiner's

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the certificate,

please execute

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EXAMINER:

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in pencil in Item 18. Give Pages

24 haurs after death.

This certificate shauld be executed within

death. Department after hours State [72 the within With any pages .⊑ File and permit. removal burial-transit 10 crematian, O SD burial, used to pe prior 3 shauld its designated agent,

may be retained far yaur FUNERAL DIRECTOR: Page

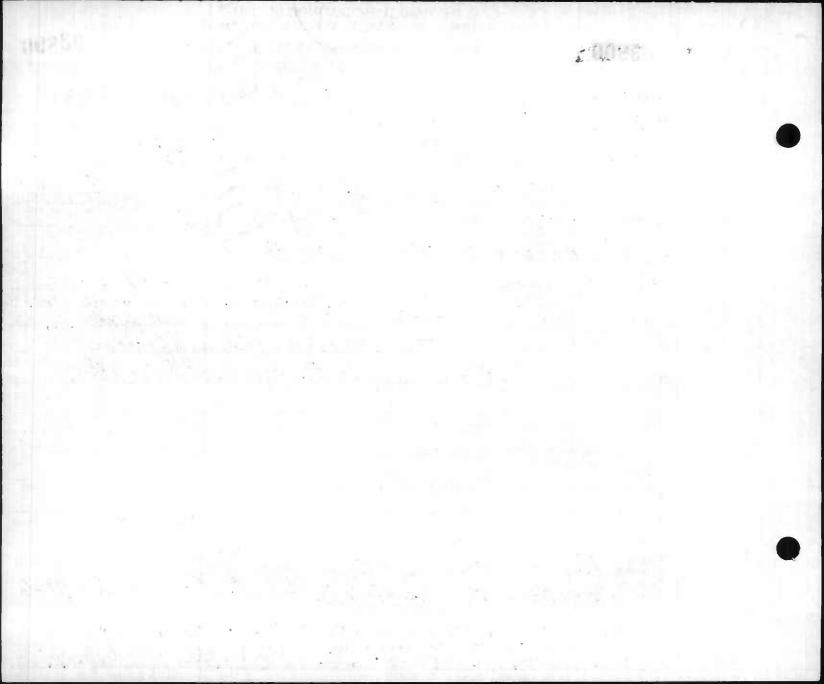
should Page the funeral directar. 50

Health ar i

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY MARYLAND merl b. CITY OR TOWN (If outside corporate limits, TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. write RURAL and give negrest town er d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE Lost Month DECEASED OF 1966 Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In years 6. COTOR OR RACE 7 MARRIED NEVER MARRIED hirthdoy) Months Hours lost Dovs 0 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, every if retired) INDUSTRY COUNTRY 13. FATHER'S NAME 14 MOTHER'S 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 200 (Yes, no, or unknown) (If yes give wor or dotes of service) 5 78 -09 -CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: INTERVAL" BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. While Not While factory, street, office bldg., etc.) 19 ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion death resulted from: Notural couses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** 46Will or county) NAME (Type) OF CEMERRY OR CREMATORY BURIAL, CREMATION DATE THEREO 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Arlington National lington. Virginia em. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Georgia Ave

wer spring.

VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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EPT.	1. PLACE OF DEATH
	U. CUUNTI

deoth. Department ofter hours Office olong with form ote th the Sto Ithin 72 poges in any removal, buriol-tronsit 0 icate, writing the word be forworded to the Ch cremotion, 0 buriol, 0 prior 3 should

PM3. Poge

8. Give Poges 1,

Item 18

pencil in

Chief Medical Examiner's

hours ofter death.

This certificate should be executed within

Health or its designated agent, moy be retained for your FUNERAL DIRECTOR: Poge

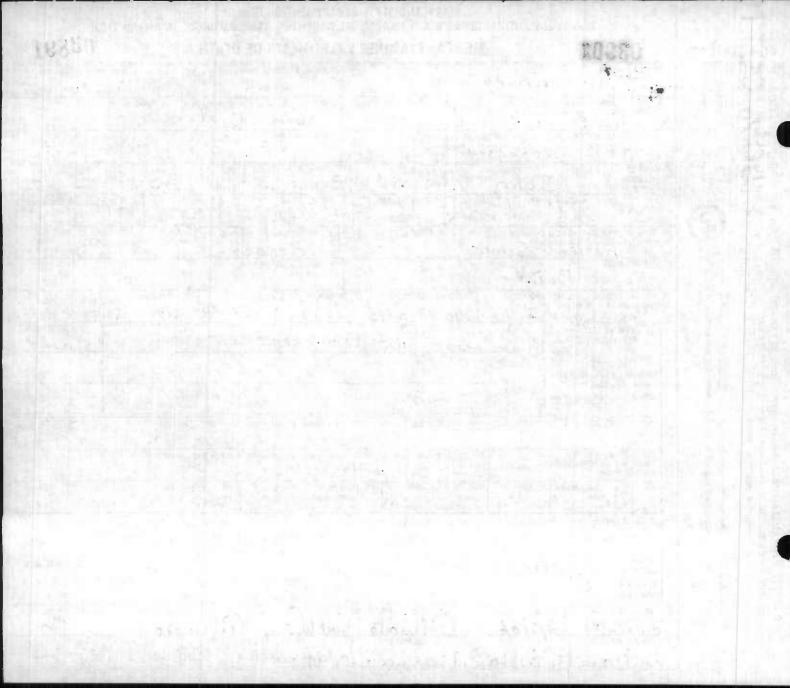
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ontgonnerg CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b ... c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Kural. DICKERSON d. NAME OF HOSPITAL OR INSTITUTION (If-not in hospital, give street oddress) d. -STREET ADDRESS e IS RESIDENCE ON A FARM? YES X NO 3. NAME OF DATE DECEASED 0F Michael March 1966 (Type or print) DEATH 9. AGE (In years S. SEX DAJE OF BIRTH IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED lost birthday) 1Do. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working lite, even if retired SA Kenses -13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Bus Ke 214HI Protest 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). wound of chest PART I. DEATH WAS CAUSED BY: Gun Shot IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY Or CONTRIBUTING Shot Self with Shotgun -CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (Stote) foctory, street, office bldg., etc.) Dickerson-1966 of work ot work 40me-21. I certify that I took charge of the remains described above, held an Autapsy Inspection X ond in my opinion death resulted fram: Natural causes Accident Suicide X Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)

REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66

24. FUNERAL DIRECTOR

the funerol director.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. wted within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13 20 2

	CERTIFICAT	E UF DEATH	10092
	MERY MARYLAND	2. USUAL RESIDENCE (Where deceases a. STATE DIST. OF COL	b. COUNTY
b. CITY OR TOWN (if outside corpor write RURAL and give nearest to	2	c. CITY DR TOWN (If outside corpora	to limits, write RURAL and blve nearest town)
BEHNESOF SIL. SPR	10N (if not in hospital, give street address)	d. STREET ADDRESS 2807-2711-ST.	W.W. 9. IS RESIDENCE DN A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	First Middle B	Last 4. DATE OF DEATH	Month Oay Year MARCH / 1966
5. SEX 6. COLOR OR RACE	7. MARRIEO NEVER MARRIEO OIVORCEO		E (In years IF UNOER 1 YEAR IF UNOER 24 HRS. thirthday) Months Oays Hours Min.
10a. USUAL OCCUPATION (Cive kind of worduring most of working life, even if reti	red) INDUSTRY	11. BIRTHPLACE (County & State, or for	
13. FATHER'S NAME	1 1	14. MOTHER'S MATOEN NAME	
JOHN CIODFREY K	(ILKOFF	EVALREKA	
15. WAS OECEASEO EVER IN U.S. ARMEO (Yes, no, or, unkown) (If yes give war or date		R. J. GOTIFREY BUT	LER AVE, BETHESON, MD
18. CAUSE OF DEATH [Enter only of PART I. OEATH WAS CAUSED I	one cause per line for (a), (b), and (c).]	· p 7.0	INTERVAL BETWEEN ONSET ANO DEATH
IMMEDIATE CAUS		men / asterne	3 hach.
Cenditions, If any, which	E TO Arlingilute Con	lig Vacanta Sina	- 10 year
gave rise to immediate cause (a), stating the underlying cause last.	ETD Offimition	I that age.	
PART II. OTHER SIGNIFICANT CONDITED	TIONS CONTREBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION	DN GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO
	ATH INER)	URREO. (Enter nature of Injury in Part I	or Part II of Item 18.)
20c. TIME OF INJURY Month, Oay Hour a.m. p.m.	y, Year 20d. INJURY OCCURREO 20e. PLF factors 20d. INJURY OCCURREO 20e. PLF factors 20d. INJURY OCCURREO 20e. PLF	CE OF INJURY (Home, farm, pry, street, office bldg., etc.)	or town) (County) (State)
21. I certify that (I) (this ho	spital) attended the deceased from	Mm , 1950, to 1	Saul 1, 1966, that (1) (we) last
saw the deceased alive on	19 46, and tha	t death occurred at M, from t	he causes and on the date stated above.
1 Stemmel	Sun M.		STAFF 3 /1/66
220: PHYSICIAN'S NAME (Type) Samu		22d. AOORESS 420/ 12	F. C. NIV.
23a. BURIAL, CREMATION, 23b. OATI REMOVAL (Specify) Burial 3-3-	24.	y or crematory 23d. Locat Cemetery Washir	ION (City, town or county) (State)
Joseph Gawler's	AOORESS	253. REC'O BY RECISTRA	R 25b. REGISTRAR'S SICNATURE
Washington, D.C.	"LSC. A	ACTIVITION OF 100	The state of the s

The state of the s STI INCHIVI the state of the s TO SHEW YESTERN COL methods have port of a year apply to the the man to the fact the former of the said 2/1/2 20 124-07-00 Samuel Stener, Map. Turket Statement For Dilyet Cametery Marid nature, ing sancton, ". of me, property lives run in a contract to the sancton and the sancton and the sancton and the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03908 PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY montgomer MONTBOMEK MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within NO X NAME DE DATE Month First Middle Oav DECEASED OF event, compl (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Hours 0avs any and 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 18USEWIFT 13. FATHER'S NAME MOTHER'S MAJOEN NAME remova REDERICK CKERSTA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN Address (Yes, no, or ankown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, If any, which gave rise to immediate the cause (a), stating the underlying cause last. PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificat NO S Prosis Fer 20a. ACCIOENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) hed f 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Not While Hour-a.m. While p.m. at work at work retained D 21. I certify that (I) (this hospital) attended the deceased from 1963 and that death occurred at PM, from the causes and on the date stated above. DIRECTOR 30 saw the deceased alive on 22a SIGNATURE M.O. PHYS. DIRECTOR TO FUNERAL 22c PHYSICIAN'S ADDRESS 22d. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23Ca NAME OF CEMETERY OR CREMATURY 23d. LOCATION (City, town or county) REMOVAL (Specify) CEMETER 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25a. VR AI5 (4) DANDR 20M 1/65

montdomeky MARKED MAINTENNES Chat Du (243) SHUBE SPEANS 20 2017 July 2085 140-4 CRUSS CHAMBELL & 3 30 GRACE 12-4-90 75

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

3. NAME OF DECEASED DECEASED COMPONENTS OF SEX OF S	1
Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Bethesda—Silver Spring Nursing 3. NAME OF OME First Middle Last 4. DATE OF OF DECEASED (Type or print) F. Campbell DEATH March 10 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12-4-1866 96 birthday) Washington Day Year OF DECEASED (Type or print) Month Day Year OF DECEASED (Type or print) Day Day Year OF DECEASED (Type or print) Day	
Bethesda-Silver Spring Nursing 4117 38th St. N.W. YES N.W. 3. NAME OF DECEASED (Type or print) Pauline F. Campbell OF DEATH March 10 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12-4-1866 PO DEATH March 10 19 6 White WIDOWED DIVORCED 12-4-1866 PO DEATH MONTH Day YEAR IF UNDERLY SEA HOURS 103. USUAL OCCUPATION (Give kind of work done industry Housewife Nousewife Washington, D. C. U.S.A.	
3. NAME OF DECEASED DECEASED Pauline First Middle Last OF DEATH March 10 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER! YEAR FUNDER! FUNDER! Female White WIDOWED DIVORCED 12-4-1866 99 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Washington, D. C. US.A.	RM?
DECEASED (Type or print) Pauline F. Campbell OF DEATH March 10 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER1 YEAR IFUNDER2 Female White WIDOWED DIVORCED 12-4-1866 99 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR HOUSEN Washington, D. C. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN BY THOUSE WISH.	10 🔀
Female White WIDOWED DIVORCED 12-4-1866 99 birthday) Wonths Days Hours 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Washington, D. C. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife WIDOWED DIVORCED 12-4-1866 99 yrs. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Washington. D. C. U.S.A.	24 HRS. Min.
during most of working life, even if retired) INDUSTRY Washington, D. C. U.S.A.	
13. FATHER'S NAME	
Florian Friederich Magdalene Lederer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address #2. No Miss Florence Campbell— See Item	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a) Similary Responses PART I. DEATH WAS CAUSED BY: Similary Responses Responses	жіп
DUE TO DUE TO	
gave rise to immediate (b) Chronic hypocaratis with Congestive Failure & mo.	
cause (a), stating the DUE TO underlying cause last. (c) Hypertension Severe 50 yr	1
PART II. OTHER SIGNIFICANT CONDITIONS CON WIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTH PERFORM	
in mitral and abortie Stenosis 50 gr + YES N	0
Mitral and autre Stenosis 50 gm t 202. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work	ate)
21. I certify that (1) (this-hospital) attended the deceased from July 19, 1965, to March 10, 1966, that (1) (we	e) last
saw the deceased alive on March 9 1966, and that death occurred at 9 15 M, from the causes and on the date stated a	
22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF	
220. PHYSICIAN'S DAMICAL M.D. PHYS. DIRECTOR PHYS. March 10 19	166
NAME (Type) Dr Jules D. Damian 2741 34th St. U.W.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Statement of the county) (Statement of the county) (Statement of the county)	ie)
Burial 3-12-1966 Congressional Cemetery Washington, D.C.	
Joseph Gawler's Sons, Inc. address 5130 Wisc. Ave. N.W. Washington, D.C. DHAR 14 1956 Charles Judge	

VR A15 (4)

TO HOSPITAL

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Hart of Trans. D. C. nozzanelane . S. E. Joseph Toler

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13895

								/	
1. PLACE OF DEA			2. USUAL RESII	DENCE (Where d	eceased lived, If Ins		ence before ad	mission	
	Montgomery	MARYLA		erto Ric					
b. CITY OR TO	WN (if outside corporate limit L and give nearest town)				orporate limits, wr	ite RURAL and	give neares	t town)	
	Bethesda	2 Days	To	iza Alde	a	90	2.3		
d. NAME OF H	OSPITAL OR INSTITUTION (if no			ESS			e. IS RES ON A F	ARM?	
	cal Center, Bet				iania Alt		YES 🗌	A.E.	
3. NAME DF DECEASED	First	Middle	Last	4. DATE	Month	1	Day Yea	ir	
(Type or print)	Deguito.	Osorio Carrasqu	uillo	DEAT	Marc		1 19		
5. SEX	6. COLDR DR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9). AGE (In years last birthday)	Months Day		R 24 HRS. Min.	
Male	11111100	DIVORCED			33 yrs.				
	rking life, even If retired)	1Db. KIND OF BUSINESS DR INDUSTRY	11. BIRTHPLAC	E (County & Stat	e, or foreign country	CDUN	EN DF WHAT TRY?		
Construct 13. FATHER'S NA	tion Worker	Not employed	Puer	to Rico		I USA			
	THE STATE OF THE PARTY.				mmo agust 1.1				
15. WAS DECEASED	el Osorio DEVERINU.S. ARMED FORCES?		1 17. INFORMANT THE	a Medice	rrasquill	s Matto	ทคไ		
(Yes, no, or unkown)	(If yes give war or dates of service		Institutes						
Yes	F DEATH [Enter only one cause			or near	TE OHESC		NTERVAL BE	TWEEN	
	DEATH WAS CALLED DV.						NSET AND I		
FART I. L	IMMEDIATE CAUSE (a)_I	ntracerebral h	emorrhage, 1	eft temp	oral lobe	2	4 hour	S	
204	3 DUE TO			2					
	Conditions, if any, which \ (b) Acute myelogenous leukemia							16 days	
	gave rise to immediate cause (a), stating the DUE TO								
underlying car	Stating the [3. 1	
	R SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMIN	NAL DISEASE CDI	NDITIDNGIVEN IN	PART 1(a)	19. WAS AU		
ATI							PERFOR	MED?	
5	Fibrinous per	icarditis	/ DOOLIDDED /F-to	an of Indiana to 1	Dort I or Bort II o	£ itam 10 \	YES [X]	ND 1	
OR CONTRIBU	Fibrinous per T WAS UNDERLYING THE TING CAUSE OF OEATH OTIFY MEDICAL EXAMINER)	ZUB. DESCRIBE HDW INJURY	r DCCURRED. (Enter natu	re of injury in i	Part I or Part II 0	1 (tem 18.)		TOTAL	
S 2Dc. TIME DE			e. PLACE DF INJURY (Hon factory, street, office blo	ne, farm, 2Df.	(City or town)	(County)) (8	state)	
Hour a		While Not While at work	raciony, surect, onice bit	18.1610./					
	lfy thatX(X (this hospital) a		m March 29	1966 to	March 3	1.1966	that XIX (v	ve) last	
caw the d	eceased alive on March	31 19.66 an	d that death occurred	at 2:454 f	rom the causes	and on the	date stated	above.	
22a. SIGNAT		13 × 2 , dil	a that acath occorred	P.M.)	22b. DATE	SIGNED	340.01	
No.	0 20	· 0	ATTENDING -	MED.	STAFF PHYS.	Annil	7 10	66	
22c. PHYSIC	IAN'S	un gr.	M.D. PHYS.	DIRECTOR	inical Ce		7, 19		
NAME (Type)	duin In M.D.						-	
		dwin, Jr., M.D			lealth, Bet				
23a. BURIAL, CRE REMOVAL (S	noolful		METERY OR CREMATORY		LDCATION (City, to			ate)	
BOKT	AL ALLOLINO				IN JUAN,				
M. HVSO	ng Co. Inc. 13	300-N Street N.	W. 25a.	REC'D BY REG	ISTRAR 25b. RI	EGISTRAR'S S	IGNATURE		
Pere		Machin		R 1 1 10	366 8ch	arles 1	udak		
10130110	mes The Property	9		11-16			0		
	L)								

VR AI5 (4) 2DM 1/65

with the Marie - Turke Company to the first of a company of the party of the

Export No. | October 1 and Angel Park Company of the Company of th

Marianus arrivoralization

Xx | March 31 | 99 | March 25 | 56 | March 31 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 |

Strang drawns

FOR STATE HEALTH DEPT.

TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay bessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR ALSME (5)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03506 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1)3596

MEDICAL	EVALUATEDIC	CERTIFICATE	OF DEATH
WEUILAL	EXAMINERS	LEKHILIVALE	UF UEAIR

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Mentgomery MARYLAND	a. STATE Dry land b. county intamery
b. CITY OR TOWN (If outside corporete limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (W outside corporete limits, write RURAL and give nearest town)
Silver X Silver (13 YRS)	1.06 Spring
d. NAME OF HOSPITAL ON INSTITUTION of not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
7502 11 18 19	ON A FARM?
2002 Budersen We,	2502 Henderson Cive, YES NO
3. NAME OF BECEASED (Type or print) PAULINE LUCILLE CH	Last 4. DATE MONTH Day Year ILDERS DEATH MARCH 1, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. On the second of t
te WIDOWED DIVORCED	SCPT, 8, 1891 74 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Wash, D.C. 71,5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN CHARLES HEIDE	MARY FRANCES KIRBY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, ng. or unkown) (If yes give war or dates of service)	INFORMANT 14720 JANICEADDR., ROCKVILLE,
577-07-3368M	ARY JANE NEIL (DAUGHTER) MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)/]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ON GRAND DEATH
11.7.1	
Conditions, If any, which	Helper tonsien.
geve rise to immediate	
cause (a), stating tile	
(0)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TI	YES NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature of injury in Part I or Part II of Item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)
p.m. 19 at work at work 21. certify that took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry , and in my opinion
death resulted from: Natural causes Accident , St	Jicide, Homicide, Undetermined manner
ACTUAL KONTON	ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE SIGNATURE	DESTINATION OF THE PROPERTY AND A COLL
EXAMINER'S BELDEN R. KEAP, 19	Address Street, city, town, or county) //arch/, 1766
	Y OR GREATATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 3/4/1966 arlings	on Mation allington, Va.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
11. 00 SHAWA 312 VARICES	E Des MAD A 4000 Milando O. 200

The Residence Reports & 3008. The second of th HOTAN SHELLING CHEEK CHILDRENS SHELLING THE YEST STATES THE SECOND THE PROPERTY OF THE PERSON OF T MICHIGAN DAY CONTRACTOR OF THE STATE OF THE TO THE PROPERTY OF THE PROPERT The state of the same of the factor Zana Zina and a distribution of the second second court 3/4/000 Ochrigh Willed allengte 12 Low Know Fre Phony Sylvapu St DO 3

the Stote Deportment af mithin 72 hours after deoth.

FOR STATE HEALTH

delay is

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page

Heolth or its designated ogent, prior to burial, cremotion, or removol, and in ony event 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land.

This certificate should be executed within 24 hours ofter death. If

TO DEPUTY MELLAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

MAKITAND STATE DELAKTIMENT OF HEALTH							
Division of STATISTICA	L RESEARCH AN	D RECORDS,	301 W.	PRESTON STREET,	BALTIMORE,	MARYLAND	2120

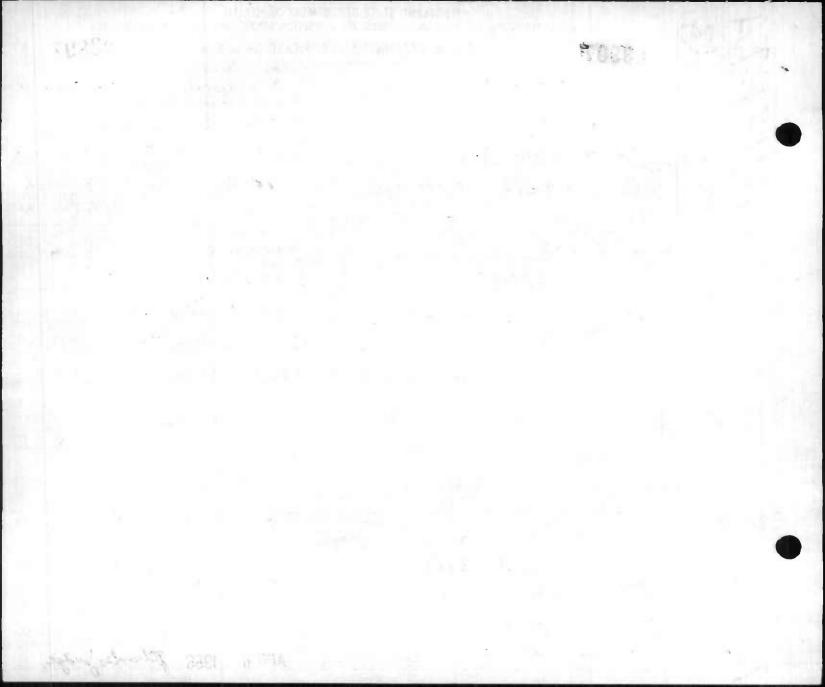
03907 MEDICAL EXAMIN	IER'S CERTIFICATE OF DEATH 03897
1. PLACE OF DEATH O. COUNTY Montgonery MARY!	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	N 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest tawn) Bethes de-
d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) 7204 Conn. Cox.	d. STREET ADDRESS 7204 Conn. A. V.e. 8. IS RESIDENCE ON A FARM? YES \(\sum \text{NO} \)
3. NAME OF DECEASED (Type or print) Adele Elizabeti	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVDRCED	20 Jan. 1915 last birthday) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. GIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? S. A.
christie.	14. MOTHER'S MAIDEN NAME E/e:Zabeth. Henderson.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor ar dotes of service) 060-20-461"	Mrs. Malcom P. Thingson
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Core nary	Insufficency Acute South South
Conditions, if any, which gave rise to immediate cause (a), (b) Coronary	Arterioselerosis - years.
stoting the underlying cause DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TD THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year Haur o.m. 20d. INJURY OCCURRED While Not While	CURRED. (Enter noture af injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year Haur o.m. p.m. 19 20d. INJURY OCCURRED While at wark at work	20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I taak charge of the remains described about resulted fram: Natural causes (), Accident (),	ave, held on Autopsy 🔼 Inspection 🔼 Inquiry 🔼 and in my opinion Suicide 🗌 Homicide 🔲 Undetermined manner
ACTUAL SIGNATURE John S. Ball	CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type) JOHN G. BALL 230 SHRIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMET	DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, or county) TERY OR CREMATORY 23d. LQCATION (City or Jown) (County) (State)

VR A15ME (5) 6M 1/66

DAPR 1966

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S' SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03908	CERTIFICATE	OF DEATH	()3	\$98
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased I a. STATE Washington,	D. C. COUNTY	/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares town) Bethesda (rural) c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Washington		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hou of the control o	ospitol, give street address)	d. STREET ADDRESS 2224 40th Street	N. W.	e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF First DECEASED (Type or print) Harvey	Middle Jacob Christma	n Jr. 4. DATE OF DEATH M	Month larch 18	Day Year 19 66
			GE (In years IF UNDER 1) ust birthday) Manths [yrs.	YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast of warking lite, even if retired) U. S. Navy	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, ar foreign Lehighton, Pennsy	COLIN	TEN OF WHAT NTRY? S. A.
13. FATHER'S NAME Harvey Jacob Christ		14. MOTHER'S MAIDEN NAME Martha Jane Snyde		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) ((if yes give war ar dates of servi	ice)	NFORMANT . Frances Christma		
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 1		ch associated diffu onary fibrosis and	sed	INTERVAL BETWEEN ONSET AND DEATH
stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN	N PART 1(a)	19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II	af item 18.)	YES NO
20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		E OF INJURY (Hame, farm, 20f. (C ary, street, affice bldg., etc.)	ity ar tawn) (Caun	ty) (State)
21. I certify that (I) (this haspital) saw the deceased alive an 18 M) attended the deceased fram 19 66, and that	October , 19 <u>65</u> , tal death occurred at <u>9:22</u> MP, f	8 March , 1960 ram causes and an the	6, that (I) (we) las e date stated abav
220. SIGNATURE M.D. ATTENDING MED. STAFF 1966 MED. DIRECTOR PHYS. 19 March 1966				
	rman, LT MC USN	U. S. Naval Hosp		
23a. BURIAL, CREMATION, BUREMOVAL (Specify) 3-22-196		ionalCem. Arlin	ngton, Virgin	
Tomanh Carillan 9. Cons	5130 Wisconsin Aver Washington, D. C.	DATE	6 25% CREGISTRARS OUT	of the state of th

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. by filled in by the funeral open appers. Pages I and with 72 haurs after deat **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completal directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave cach shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

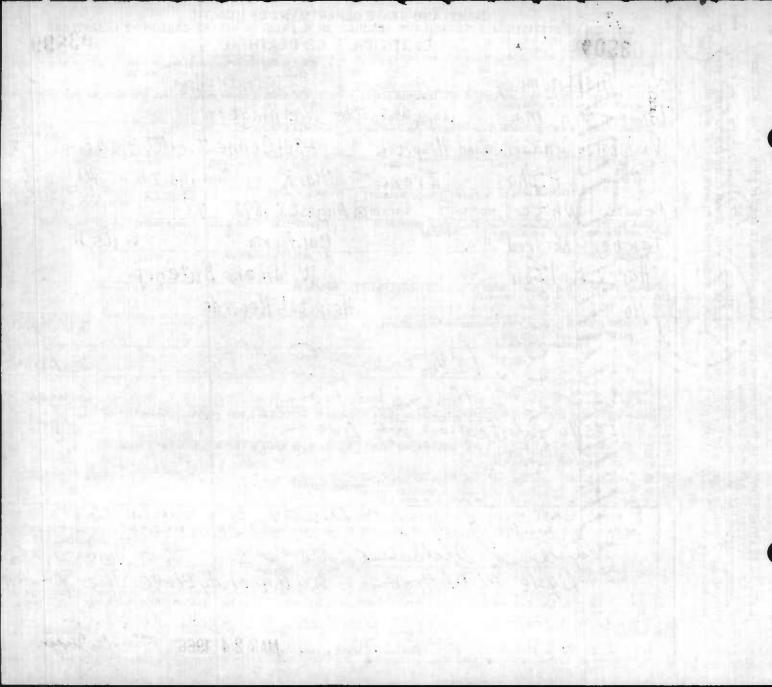
September of the second

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

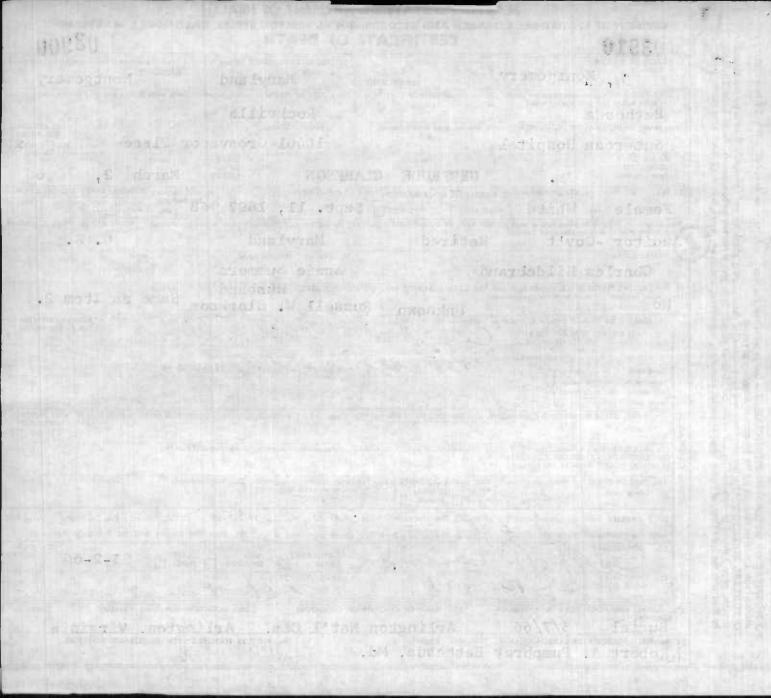
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH (1389)

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
a. COUNTY MONTANMER V MARYLAND	a. STATE District of Columbia	
b. CITY OR TOWN (if outside corporate limits. C. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)	1 11/ 1 1	2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	t, Washington 4	e. IS RESIDENCE
Washington Sanitarium and Hospital	480/ConnecticuttAve.	ON A FARM? YES NO X
3. NAME DF First Middle	Last 4. OATE Month	Day Year
(Type or print) HLDNA Lrene	Clark DEATH March	21, 1966
5. SEX 6. COLOR ON RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
Female White WIDOWED DIVORCED DIV	1494SC8, 1892 73 yrs.	
1Da. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT UNTRY?
Teacher-Retired	California U.S	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harry Kulison	Wilamena Butenop	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, ng, or unkown) (If yes give war or dates of service)	INFDRMANT Address	
H	ospital Kecords	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ONSEI AND DEATH
2865 DUE TO /// 0 0 0	000.	m /
Conditions, If any, which (b) following	Seubolisen	Sentroura
gave rise to immediate	1:	
underlying cause last. (c) / O vice two	tion	6 mas -
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA		19. WAS AUTOPSY PERFORMED?
ally intiltration of 11	ver	YES NO
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Taly Interpretation of 1 2Da. ACCIDENT WAS UNDERLYING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)	
	200 51/ 2065 - Marcal 2/206	/ 15 -1 (I) (1-1-1 lent
21. I certify that (1) (this hospital) attended the deceased from	death occurred at 33 94M, from the causes and on the	
saw the deceased alive on ARCA 200 1966, and that		ATE SIGNED
ysle of Stellaund M.D		ch21,1966
22c. PHYSICIAN'S NAME (Type) & 9Sle W. Williams.	831 University BlodE Silo	er Spring Mid
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
cremation 3-22-66 Lee's Crem	atory Washington, D	С.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Lee Funeral Home Washington	n, D. Commar 2 4 1966 filante	Judge

VR A15 (4) 20M 1/65



STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) e. COUNTY b. COUNTY Montgomery Montgomery by the fand 2 Marvland MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Rockville Bethesda Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Suburban Hospital 10401 Grosvenor NOX completely papers. NAME OF DATE Middla Month Day DECEASED GERTRUDE CLARKSON (Type or print) DEATH March 1966 M. withi carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 68 birthday) and Months | Days Sept. 1897 Female White WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! Auditor -Gov t Maryland Retired 14. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending Charles Hildebrand Annie Summers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address (Yes no, or unkown) (If yes give war or dates of service) Same as Item 2. Russell Clarkson Unknown 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN þ ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) burial-fransit DUE TO Conditions, if eny, which gave rise to immediata cause DUE TO (a), stating the underlying cause last. (c) the PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY certificate CERTIFICATION hospital as 0 PERFORMED? NO D use prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) for After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Hour e.m. While Not While ŏ at work may be retaine DIRECTOR: at work State Dept. 1965 to man 2, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 2 plnods 9. 1965, and that death occurred at 3.44M, from the causes and on the date stated above. saw the deceased alive on..... SIGNATURE 22b. DATE the the ATTENDING SIGNED PHYS. W DIRECTOR PHYS. HOSPITAL M.D. FUNERAL page with Page PHYSICIAN'S 22d. ADDRESS NAME (Type) filed , 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0:53 Burial Arlington Nat'l Arlington. 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Pumphrey Bethesda. Md. VR A15 (4) 20M S-63 Course no



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

deloy is Poge

form

Office olong with

This certificate should be executed within 24 hours ofter death. If a cate, writing the word "pending" in pencil in Item 18. Give Pages 1,

the Chief Medical Examiner's

forworded to

4 should be

the funeral director. Page

necessory, pleose execute the certificate,

MEDICAL EXAMINER:

1. PLACE OF DEATH o. COUNTY MEntgomer jo deoth. MARYLAND Department b. CITY OR TOWN (If outside corporate-limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest own) ofter 42015 Chas d. STREET ADDRESS (If not in hospital, give street oddress) hours State (3. NAME OF Middle DECEASED the (Type or print) land 2 with SEX 6. COLOR OR RACE NEVER MARRIED DIVORCED evel 10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) INDUSTRY Illinois any poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .= Warren R. Roberts File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or whknown) (If yes give war or dotes of service removol 340-20-5956 Kenneth S. Cole 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). buriol-tronsit PART I. DEATH WAS CAUSED BY Coronary Thrombosis 0 IMMEDIATE CAUSE (a) cremotion, Conditions, if any, which gave Arterio Scleresis of Caronary rise ta immediate cause (a), DUE TO stating the underlying couse 00 burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION to 20a. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 3 should PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH agent, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Hour a.m. factory, street, affice bida., etc.) moy be retained for your FUNERAL DIRECTOR: Poge at work its designated 21. I certify that I took charge of the remains described obave, held an Autopsy death resulted fram: Natural causes Suicide Homicide ACTUAL SIGNATURE Heolth or i EXAMINER'S NAME (Type) John G. Ball 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cremation Cedar Hill 3-19-66 24. FUNERAL DIRECTOR

FuneralHome Rockville, Md.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY 121412nd (If autside corparate limits, write RURAL and give negrest town) Chase e. IS RESIDENCE ON A FARM? NO Day OF DEATH AGE (In years IF UNDER 1 YEAR lost birthdoy) Months BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Lucy Stewart Address Item 2 19. WAS AUTOPSY PERFORMED? YES X NO (City or town) (County) (State) Inspection X Inquiry and in my opinian Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 23d. LOCATION (City or Town) (County) Prince George County. 25a. REC'D BY REGISTRAR

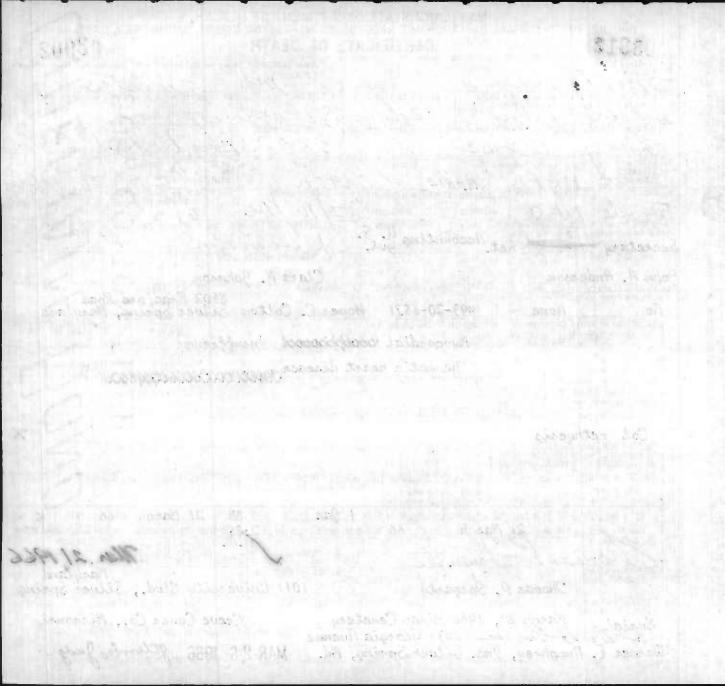
VR A15ME (5)

and the property readment and the party of the second T1250 Value of the state 100 0 0 100 Comments - Delta and a control of the second of the s

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please female carbon papers. Pages 1 and 2 should be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defith. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OR STATISTICAL RESEARCH AND RECORDS AND RESTON STREET, BALTIMORE 1, MARYLAND
OR STATISTICAL RESEARCH AND RECORDS AND RESTON STREET, BALTIMORE 1, MARYLAND
OR STATISTICAL RESEARCH AND RECORDS AND RESTON STREET, BALTIMORE 1, MARYLAND

00310	OLK III IOAIL O	DEATH		1103112
1. PLACE DF OEATH	2. U	SUAL RESIDENCE (When	deceased lived, If Institution: R	esidence before admission)
a. COUNTY		. STATE I	b. COUNTY	-
monigomery	MARYLAND	11101	money	mery
b. CITY DR TOWN if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b c. CI	TY DR TDWN (If outside	corporate limits, write RURAL	and give nearest town)
Silver Spring	12days	· luch	July 1	15 1
d. NAME OF HOSPITAL OR INSTITUTION HE not in hosp	pital, give street address) d. ST	REET ADDRESS	11/11	e. IS RESIDENCE
11.0. 111	8	(10) 6	1. 11. UR	ON A FARM?
Holy cross	0	800 E	radio do	YES NO
3. NAME DF // First	Middle	Last 4. DA	TE // Month	Day Year
OECEASED (Type or print) Fern MAR	NE MAITA	OF DE	ATH VZ	2/ 19/6
		E OF BIRTH		1 YEAR IF UNDER 24 HRS.
1 1/1 4 / MARRIED	THEATH MANKIED	VI / 1 -	last birthday) Months I	Days Hours Min.
temale While WIDDWED	DIVORCEO [2/	16/05	6 / yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR	BIRTHALACE (County & S		ITIZEN OF WHAT
Secretary working the even (retired) Accou	inting Gut.	Visconsi		DUNTRYA
13. FATHER'S NAME	/	MOTHER'S MAIDEN NAM		. 0/
John A. Anderson		Lara M. John	uson	
	CIAL SECURITY NO. 17. INFORT	MANT	Address	1
	-20-8571 Homer	C C. 1+ . 8	892 Bradford R	24 4
		C. Colton S	ilver Spring, 1	INTERVAL BETWEEN
18. CAUSE DF DEATH [Enter only one cause per line	for (a), (b), and (c).1			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Muc	cardial woodkin	mount Insute	iencu	
ILI V				
Conditions, If any, which) (b) Rhu	eumatic heart dis	ease	200 a h a a a alla a a a a a	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
gave 1129 to Illillicotate (XXXXXXXX	XXXXXXXXXXXXXX	
cause (a), stating the DUE TO				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
5 Col methyesis				YES NO NO
2Da. ACCIOENT WAS UNDERLYING TI 20b. DES	SCRIBE HOW INJURY OCCURRED.	Enter nature of Inlury i	Part i or Part II of Item 18	E-3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	TOTAL TOTAL MOOK! GOOGKED.	Enter nature of injury t	1 1 41 1 101 1 101 1 101 1 101 1 101	•/
		NJURY (Home, farm, 20 et, office bidg., etc.)	f. (City or town) (Cou	inty) (State)
Hour a.m. While at work	Not While at work	it, omeo biug., etc.)		
	1.0		. 21 M- 1 201	2 11 1 (l) (A) 1 -6
21. I certify that (!) (this hospital) attended			to 21 March, 1961	
saw the deceased alive on 21, March	19 <u>66</u> , and that death	occurred at 2:35M	from the causes and on t	
22a. STENATURE		17.11.	OTAGE CILI	ATE SIGNED
(Nomas) Joga	M.D. PHY	ENDING MED.	STAFF PHYS. Ma	1,2/1466
22c. PHYSICIAN'S		. ADDRESS		Maruland
NAME (Type) Thomas P. Gorage	ent.	1011 Univer		lver Spring
	23c. NAME OF CEMETERY OR CR		LDCATION (City, town or cor	
DEMOVAL (Specify)				(,
Burial March, 24, 1960	Hiram Cemetery	Cre	EGISTRAR 25b. REGISTRAR	Missouri
24. FUNERAL DINECTOR HEAVEN 84	134 ADGRESSIGIA Avenu	e 25a. REC'D BY R	EGISTRAR 25b. REGISTRAR	S SIGNATURE
	ilver Spring. Md.	MAR 28	1966 Icharles	Judge
Marcher C. Francisco Jus. 24	were opius, ma.	THAT 40	1000	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	- 0	
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	Residence before admission)
montgomery MARYLAND	a. STATE MARY AND b. COUNTY	nce Henne
b. CITY OR TOWN to outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town) To Koma Park. 3daya, 10 hr. 10 min.	Adelph:	1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Washington Sanitarium & Hospital	1 8402 20th Ave.	ON A FARM? YES NO
3. NAME OF FIRST MIDDLE	Last 4. DATE Month	Day Year
(Type or print) John Janny (CONNOY DEATH MARCH 2	0, 1946
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER	Days Hours Min.
Male White WIDDWED DIVORCED	Hugust 5, 1947 18 yrs.	Days Hours IIIII.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		ITIZEN OF WHAT DUNTRY?
Student N.A.	1 1)C	ISA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Connor	Ida Mola	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
L No	ospital Records 7600 Carr	roll Ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) July on ary	Hemorehage	ONSET AND DEATH
1934 DUE TO 2.		
Conditions, If any, which (b) Mitaskate	e caremona	18 mouth
gave rise to Immediate (0 - 1	-+-
cause (a), stating the underlying cause last.	enrollastoma	22 moulles
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICAI		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part 1 or Part II of Item 18.	.)
S there are factor	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	unty) (State)
p.m. 19 While at work at work		
21. I certify that (I) (this hospital) attended the deceased from	may 1964 to mar 28, 196	L, that (I) (we) last
saw the deceased alive on 227 1966, and that	t death occurred at 35° AM, from the causes and on t	he date stated above.
22a. SIGNATURE -		ATE SIGNED
Getting. Seesle M.D	D. PHYS. MED. STAFF DIRECTOR PHYS. 3	28-66
22c. PHYSICIAN'S NAME (Type) ANTHUR S. BRESLER	10881 LOCKWOOD DRIVE, SILL	UGR SPRING
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
REMOVAL (Specify)	212	Ma
OA FUNEDAL DIDECTOR	inie r 25a. REC'D BY REGISTRAR 25b. REGISTRAR	SIGNATURE
	11001 1000 100000	Judge
Home Inc. Maryland	I PATEL 1 1300 I	()

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate De executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

RESIDENCE OF THE PERSON

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DIVISION 03914

1. PLACE DF DEATH 2. USUAL RESIDENCE (Where	deceased lived, If Institution: Residence before admission)
a. SMED ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	b. COMMY ALTO ALAGRI
b. CITY OR TOWN (if outside corporate Kmits, c. LENGTH OF STAY IN 1b c. CITY DR JDWN (if outside co	ofporate limits, write RURAL and give nearest town)
Stille RURAL and give perest town) Silver Spring 30 Days Silver	SARING 15-1
d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Holy CROSS 18102 PARK	REST HR. YES NOW
3. NAME DF DECEASED DECEASED A MIDDE	1000-11 11
5. SEX 6. COLDR DR RACE 7 MARDIED NEVER MARDIED 18. DATE DE BIRTH	e. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
TO THANKIED HEVER MARKIED	last birthday) Months Days Hours Min.
WIDDWED DIVDRCED /0 - (- /886 1Da. USUAL DCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State 12. Birthplace (Co	te, of foreign country) 12. CITIZEN DF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Ret. Hast. to Dir. transp. Div. G. H. O. 14. MDTHER'S MAIDEN NAME	M 251131 M. 2.11.
	lannigan
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFDRMANT	02 Partiderest Drive
	lver Spring. Maryland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: REPUTATORY Acidase	ONSET AND DEATH
5271 DUE TD 11 - 11	1
Conditions, If any, which) (b) Chouse Sulmanuty &	suppered Glass
gave rise to immediate cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
15 Kmchopnummen	YES ND
2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in UF LITHER, NOTIFY MEDICAL EXAMINER)	Part or Part of tem 18.)
	(City or town) (County) (State)
2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 2Df. 4 work 2Df. 2Df	1 1.
21. I certify that (i) (this hospital) attended the deceased from May 1965, to	3/26/66 19 that (I) (we) last
	from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
M.D. ATTENDING MED. DIRECTOR	□ STAFF □ 3-27-66
22c. PHYSICIAN'S NAME (Type) JAY R. SHAPIRO IND 22d. ADDRESS	nous Aug Berherder
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY DR CREMATORY 23d.	LDCATION (City, town or county) (Scate)
REMDVAL (Specify)	est Glen. Maryland
24. FUNERAL DARGETOR STATE STA	966 Tolianes Signature
Warner E. Pumphrey, Inc. Silver Spring, Mary Come R 49	

1/65 VR A15 2DM 1/

Mour Boncey MARY AND YOURSE SILER SPRING SORYS SILVER STRING HOLY CEOSS STORE CREST HE PETER A CORNOR DE CO PY 2881-3-01 X W M . c. 1212 to m. 250 km. 10. 4. 4. a ch saimak jo c STOCK STOCK 102 1 201 2.0. 2.2 (20)

American PAPI TEE CEAL TO THE STORY

STAPE THE DEPT FOR HEALTH

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be 2 with the State Department within 72 hours after death.

3 should be used as a burial-transit permit. File pages 1 and agent, prior to burial, cremation, or removal, and in any event O FUNERAL DIRECTOR: Page of Health or its designated

retained for your files. 2 Items 18821 Film G376 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13905

00010				1000
1. PLACE OF DEATH	11		eased lived, If institution: R	esidence before admission)
a. COUNTY Manda msp!	a. ST.	ATE MANIA	b. COUNTY	ice Vedra
h CITY OR TOWN (if outside corporate limits A LENGTI	MARYLAND H OF STAY IN 1b C. CITY C	OR TOWN (If outside core	porate limits, write RURAL	and give nearest (own)
write RURAL and give nearest town)	115	IV D	1 :0 12	4
TAKOMA PARK Bhr	- //	Koma P	ter 1	6 - 2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	street address) d. STREE	TADDRESS		e. IS RESIDENCE ON A FARM?
WASh SANIHOSpital	1480	3 Griz 27	rret	YES NO.
3. NAME OF PIRST N	liddle / C. O.	NELL4. DATE	Month	Day Year
(Type or print) Mina;	MIN (John	DEATH	march	12 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DATE OF	BIRTH 9.	AGE (In years IF UNDER	
F- 0 4.//	DIVORCED 1 2/	7/1/1	last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUS		THPLACE (State or fore)	31.11	ITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	INESS OR 11. DIN	2- /	CC CC	OUNTRY? USA.
		Marylan	d.	W 3. H.
13. FATHER'S NAME	14. MOT	HER'S MAIDEN NAME	111	1 1
own B, Cornell		Kith n	1. Ilrin	kard
15. WAS DECEASED EVER IN U.S. (RMED FORCES? 16. SOCIAL SEC (Yes, no, or unknown) (If yes give war or dates of service)	CURITY NO. 17. INFORMAN		Address	
(1 yes give was of dates of service)		Char 7	THE COMMENTS	
18. CAUSE OF DEATH [Enter only one cause per line for (a),	(h) and (c)]			I INTERVAL BETWEEN
	stenosis acco	mnanied har	electrolyte	ONSET AND DEATH
IMMEDIATE CAUSE (a)	beenoblb acco	mpanied by	62000102300	
1560 DUE TO				
	e, malnutriti	on, and deh	ydration.	_
gave rise to immediate (
underlying cause last. (c)				
(0)	ATH BUT NOT RELATED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.				PERFORMED?
O PROPERTY OF THE PROPERTY OF	IOU INHIPY COOLIDAD (F-4	an natura of Intury In De	ort I or Part II of Itom 19	
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE I	HOW INJURY OCCURRED. (Ent	er nature of injury in ra	ale I of Pale II of Item 10	·/
GAUSE OF DEATH.		ULTIME DECIMA		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC	URRED 20e. PLACE OF INJU		(City or town) (Cou	inty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC Hour a.m. While Not W at work at work	hile	ince blug., etc./		
p.m. 19 at work 1 at work 21. I certify that I took charge of the remains desc		psy XI. Inspectio	n X. Inquiry X.	and in my opinion
	(-	/ \	Undetermined manner	
death resulted from: Natural causes X, Accie		Homicide,		
1 100	/	IEF MEDICAL EXAMINER	Local	22. DATE SIGNED
SIGNATURE Velden True		SISTANT MEDICAL EXAM		ZZ. DATE STUNED
Properties ()	LAN UN CE	PUTY MEDICAL EXAMINE	RADAL	112 19/66
EXAMINER'S TSELDEN R, MY	111111111111111111111111111111111111111		, or county)	1/2/1/00
DEMOVAL (Specific)	AME OF CEMETERY OR CHEM	ATORY 23d. LC	CATION (City, town or co	unty) (State)
Burial march 16, 1966 ZI	Tweeler	Col	mar prinor	me
	DRESS	25a. REC'D BY REGI	STRAR 25b. REGISTRAR	'S SIGNATURE
I 7 made some Mulitle	ville: no -	DAMEAR 2 1 1	966 Milane	es Judse

VR A15ME 3500 4-64

e del la antiente a les gerlas del maria del maria del compositorio del co 20620 A Stanfard The state of the s North Comments The state of the s - Description of the Charles of the man of the Charles Survey

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prese remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and may event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE
CERTIFICATE OF DEATH 1, MARYLAND

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, Il Institution: Residence before admission
Montgomery MARYLANO	a. STATE Maryland b. COUNT Prince George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
Takoma Park	Hyattsville /6-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENC
Washington Sanitarium	8004 - 14th Avenue ON A FARM?
3. NAME OF FIRST Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) CHARLES ANDERSON COTT	RELL, SR. DEATH March 2, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Control 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Last birthday) Months Days Hours Min
THE STATE OF THE S	Sept. 8, 1896 69 yrs. Sonths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Plumber Retired	Richmond, Virginia U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Julian S. Cottrell	Eva Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) Unknown	VASHINGION SHIPITIRUM RECORDS
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Dye	elovephritic sev. 43
6000 OUE TO	
Conditions, If any, which (b)	
gave rise to Immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
E RENIGN PROSTATEC HUPETT	PERFORMED? YES NO S
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED Center nature of Injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 208, ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Anne - Not walle	ory, street, office bldg., etc.)
	1/27// 22 2/2/// 22 20 20 20 20 20 20 20 20 20 20 20 20
21. I certify that (I) (this hospital) attended the deceased from	1/2/66, 19 to $3/2/66$, 19 that (I) (we) lat death occurred at 226 M, from the causes and on the date stated above
saw the deceased alive on 3/3/66 19 and tha	it death occurred at a AM, from the causes and on the date stated above
Film of the flat	ATTENDING MED GTACE
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 3/2/66
NAME (Type) RICHARD H. POLLEN	10511 Summit Ave., Kensington, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Buffal (Soecify) 3/4/66 Ft. Lincoln	Cemetery Prince Geo. Co., Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Md.	pater 7 1966 Icharles Judge

5 (4) VR A15

St Ezen Physic insultant little state all and BOTTON A STATE - A 708 CHARACTE ANTERIOR GARTMER, SR. SR. MAXER To the same of the The second of th and an entire to the second Surfat : /A/60% Ft fined a Cenetary 2 that long D. . . In

Color A Purplied Echosda, America

within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY/	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
Maryland Maryland	a. STATE b. COUNTY	
b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)	Adiata	03 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
(11) 1 . + < / 1/.	1/2016 3-t-St 11+ R-	ON A FARM?
Washington Danitarium + Hosp.	114211 3. 35 27. Apr DI	YES NO V
3. NAME OF DECEASED First Middle	Last 4. DATE Month	Day Year
(Type or print) CharLotte lucker	Cree DEATH 3	26 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
re white widowed Divorced	12-1-06 59 yrs.	buyo Irouro IIIIII
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working, life, even if retired) INDUSTRY		TIZEN OF WHAT
Computer	Virginia	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Randolph T	Margaret Stickley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	Has nital Records	
18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c),]	105 pirac records	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) avaluation A	leus	2 days
DUE TO	1	71
Conditions, If any, which (b) Caluarana	moma of cervy	
cause (a), stating the DUE TO	+ . # 1.	0
underlying cause last. (c)	clasis to wer	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Exploratory Saparotory	on 3-17-66	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL		nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLJ factor at work at work at work	ory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	Mur. 15, 1966, to Mar, 26, 196	that (I) (we) last
	t death occurred at 3:10 PM, from the causes and on the	
22a. SIGNATURE		ATE SIGNED
1 1 1 A	ATTENDING MED. STAFF	01 2/-10/1
22c. PHYSICIAN'S AME M.	D. PHYS. DIRECTOR PHYS. 122d. ADDRESS	01,20 1906
NAME (Type) FAUL V. STARR	7812 Meuside Dr. Tokam	a trub md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
REMOVAL (Specify)		
Burial 3/29/1966, Annandale Met	hodist Church Cemetery, Annand	
Themaine House Home 520 5. Washer	77	0 4 4
alexanter, va	DAMEAR 30 1966 Jacuarle	o Judy"

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		03918	CERTIFICATE	OF DEATH		1)3908
/		PLACE OF DEATH			here deceased lived, if institution	: Residence befare admission)
	(O. COUNTY	MARYLAND	O. STATE	UI AND b. COUNTY	DONTGOMERY
	ŀ	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If out	side corporate limits, write RURAL	and give negrest town)
		write RURAL and give nearest tawn)	1 2 4 1 2			(= /
		ROCKVILLE	II DAT	ROCKVI	LLE	e. IS RESIDENCE
	_ (d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol,	give street address) HOME	d. STREET ADDRESS		ON A FARM?
)	P	OTOMAC VALLEY N	URSING	1000 CK	BINFORD	DR. YES NO X
		NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
		(Type or print)	C. CR	CONISE	DEATH MARCH	27 1966
	S. S	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
$^{\circ}$		F WILLITE WIDOWED	DIVORCED 1	7/4/1884	last birthday) A yrs.	Months Days Haurs Min.
	10a.	. USUAL OCCUPATION (Give kind of work dane 10b. K	CIND OF BUSINESS OR		State, or foreign country)	12. CITIZEN OF WHAT
	duri	ing mast of warking life, even if retired)	ndustry me	Maryl		USA USA
5/		OUSEWITE HO	tile .	14. MOTHER'S MAIDEN N		03
	13.					
		William Groff	200111 00011111111111111111111111111111		Trundle	
ч	IS. (Ye	es, na, ar unknown) (If ves give war ar dates af service)		IFORMANT	Address	
		No y	es-unknown ho	spital re	cords	
		18. CAUSE OF DEATH (Enter only one cause per line fo	r (a), (b), and (s))	1		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rebrol litron	nloses		ONSET AND DEATH
		260 X DUE TO	1 . 1	D. Fred		
		Canditians, if any, which gave) (b)	Myoull were	is		
		rise to immediate cause (a),	1, /_	11/1		
		stating the underlying cause (c)	water m.	leller		
			TO DEATH BUT NOT OF ATED TO TH	E TEPAÑINAL DICEACE CON	DITION CIVEN IN PART I/a)	19. WAS AUTOPSY
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?				
0	CAT	Order Coldenser	Cosonoron	uces c	allest	YES NO Z
7	THE	20o. ACCIDENT WAS UNDERLYING ☐ 20b. D OR CONTRIBUTING ☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED. (F	Enter nature of injury in F	Part I or Part II of item 18.)	
	9	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL CERTIFICATION			OF INJURY (Hame, farm	, 20f. (City or tawn)	(Caunty) (State)
	ME	Haur a.m. While p.m. 19 at wa	e Not While facto	ry, street, affice bldg., etc.)		
		21. I certify that (I) (this hospital) atter			960. to 3-27	, 1966, that (I) (we) lost
15		sow the deceosed glive on 3-35	19 66 , and that			nd on the date stated obave.
П		220. SIGNATURE				22b. DATE SIGNED
		N N SUCH	M.D	ATTENDING PHYS.	MED. DIRECTOR PHYS.	3-27-66
1	74	22c. PHYSICIAN'S	***************************************	22d. ADDRESS /	21/1/	1/11/1/1/
-		NAME (Type)		1809 V	ews thell Re	d. Rockyll
	22-	DUDIAL CREMATION 226 DATE THEREOF	1 23c. NAME OF CEMETERY OR C	DEMATORY	23d. LOCATION (City or Town) (County) (State)
		BREMOVAL (SPECIFY) 23b. DATE THEREOF 3/30/66				
0		2011101	Rockville		Rockville,	
+	R24	bert A. Pumphrey B	ethesda, Md.			STRAR'S SIGNATURE
19				MAR	3 1 1966 1 100	mela Onto

executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

The state of the second Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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H	E	AL.	TH	DI	P	Ŧ.	1
	S	0	9		-	_	

deat y delay and 3 PM3. Pa farm Item 18. Give Pages Office alang with necessary, please execute the certificate, writing the ward "pending" in per the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Exaf may Health

This certificate shauld be executed within 24 hours after death.

OTAL EXAMINER:

TO DEPUTY ME

IERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Departing	n ar its designated agent, priar to burial, cremation, or remaval, and in any event within 72 haurs after	0
s Jan	y eve	
bage	in ar	
File	and	
permit.	maval,	
transit	, or re	
burial-	ematian	
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used a	burial	
be	10	0
3 should	nt, priar	
age	d age	
IERAL DIRECTOR: Page 3 show	designated	
10	İţs	
IER/	n ar	0

MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Montgomery b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 write RURAL and give negrest town) thess Year ? Gaith e15 0059 d. STREET ADDRESS DATE OF DEATH 3. NAME OF First Middle Month Dov Year March DECEASED (Type or print) S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER YEAR NEVER MARRIED last birthday) DIVORCED BIRTHPLACE (State ar foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, everyif retired) **INDUSTRY** Housewite 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service 16. SOCIAL SECURITY NO. INFORMANT (sister) Item CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN Father Metamorthis of Liver ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

	5810 IMMEDIATE CAUSE	0) 770 70 70 70 70 70 70 70 70 70 70 70 70	Seatter
	Conditians, if any, which gave rise to immediate cause (o), stating the underlying cause last.	b)	
MOLINA	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CEN 131 1	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)	

Haur a.m. factory, street, affice bldg., etc.) While Nat While at wark 21. I certify that I taok charge of the remains described above, held on Autopsy Inspection X Inquiry ond in my opinion death resulted from: Natural couses Suicide Homicide Undetermined manner

ACTUAL	0 0 00		CHIEF MEDICAL EXAMINER
SIGNATURE	John G. Ball.	M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S			DEPUTY MEDICAL EXAMINER

DATE THEREOF

20d. INJURY OCCURRED

20c. TIME OF INJURY Manth, Day, Year

NAME (Type)

BURIAL CREMATION.

REMOVAL (Specify)

DEPUTY A	DEPUTY MEDICAL EXAMINER		
Address	(Street,	city, tawn	, or count
T		-	

20e. PLACE OF INJURY (Hame, farm,

	23 NAME OF C	EMSTERY OR	CREMATORY	
	1451. 1	1/2-	20	1
	MUN I'	Kerno	RIA	N
gran	ADDRECC			1 00

(City or town)

(State)

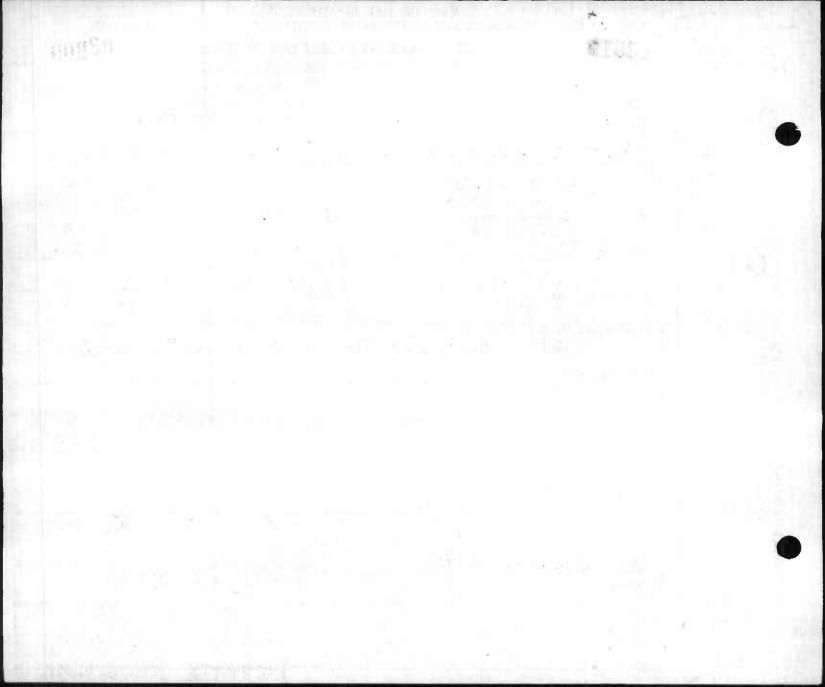
22. DATE SIGNED

66

20f.

(County)

VR A15ME (5)



	MARYLAND STATE DEPAR	RTMENT OF HEALTH	
Division of STATISTICAL	RESEARCH AND RECORDS, 301 W.	PRESTON STREET, BALTIMORE, MARYLAND	2
03920	CERTIFICATE O	OF DEATH	

		0392	0		CERTIFIC	ATE	OF DEATH			()	3910
	1. PI o.	ACE OF DEATH COUNTY Mont	gomery		MARYLAN	D	2. USUAL RESIDENCE (V o. STATE Nort	Where deceosed h Caro	L COLL	ion: Residenc	e before odmission)
	b.	CITY OR TOWN (f outside corporote limits give pearest town) nesda (Rura		c LENGTH OF STAY IN 18)	c. CITY OR TOWN (If ou	tside corporote ehead		RAL and give	neorest town)
	d.		AL OR INSTITUTION (If no laval Hospit		, give street oddress)	Y	d. STREET ADDRESS Rou	te 1.	Box 135		e IS RESIDENCE ON A FARM? YES NO
-	D	AME OF ECEASED ype or print)	Fir Nic	st	A'rlan		Lost DANIELS	4. DATE OF DEATH	Moni		Day Year 17 19 66
	S. SI		6. COLOR OR RACE Cauc	7. MARRIED WIDOWED			Oct. 9, 195	9.	AGE (In years last birthdoy) yrs.	Months 5	YEAR IF UNDER 24 HRS. Days Hours Min.
	durin		(Give kind of work done life, even if retired)		KIND OF BUSINESS OR INDUSTRY		11.81RTHPLACE (County Moorehea	d City			IZEN OF WHAT U.S.A.
			ony N. Danie					ya Gutl			
	(Yes no as unknown) (If we give was as dates of service)						GT Anthony	N. Dan			nside, Cal.
		PART I. DEA' A 3 0 / Conditions, if ony rise to immediat stating the under	e couse (o), rlying couse	(o) A TO (b) 10 (c) (c)	cute Endocar			INSTION CIVEN	IN DADT 1/ol		ONSET AND DEATH
	CERTIFICATION	20o. ACCIDENT WA OR CONTRIBUTING	_		DESCRIBE HOW INJURY OCCUP						PERFORMED? YES NO
	= h		JRY Month, Doy, Yeor	20d. While	le Not While		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Cou	onty) (Stote)
		21. 1 certi	fy that (1) (this has eceased alive an_		nded the deceased fra 19_66, and	m_F I tha	eb. 12 , 1 death accurred at	9 <u>66</u> , ta 640 PM,	Mar. 1' fram causes		
١		220. SIGNATURE	- Joh	2	m	M.I	1111101	MED. DIRECTOR	STAFF PHYS.		18, 1966
		22c. PHYSICIAN'S NAME (Type	I.C. Joh		M. D.		U. S. Nav				da, Md.
or	1a	BURIAL, CREMATIC REMOVAL (Specify Burial	3/21/1	966	23c. NAME OF CEMETER Bay View			More	ation (City or To	ity, I	(County) (State) N. C.
	24.	FÚNERAL DIRECTO	R R. A. Pum	phrey e., B	Fune MORES Home ethesda, Mar	e yla		BY REGISTRAL		Eliant	es Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 20 M 1/66 O 1029

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03921

CERTIFICATE OF DEATH

03911

COON.		421(11)14112	01 02/1111		110011
I. PLACE OF DEATH	,				on: Residence before admission)
o. COUNTY	1+10meni	MARYLAND	O. STATE MAPI	b. COUN	"Montgome Ro
b. CITY OR TOWN (If ourside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If onts	ide corporote limits, write RUR	
L/	d give negrest town)	4 days	1/	VSIng-ton	15-1
	AL OR INSTITUTION (If not in hosp	. , , , , , , , , , , , , , , , , , , ,	d. STREET ADDRESS	10119 1010	L e IS RESIDENCE
S. Maint of Ho.	/ /	nui, give sireer uudiessy	10225 KE	110 -111	e. IS RESIDENCE ON A FARM?
0	UDURBAN		11 /		KWY YES NO
3. NAME OF DECEASED (Type or print)	FRECE	RICK H	DASSOR1	4. DATE Month	ech 2 1960
S. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
M	WIDOV	WED DIVORCED	1-24-18	78 8 ant birthdoy) yrs.	Months Doy8 Hours Min
10o. USUAL OCCUPATION during most of working		Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County &	Stote, or foreign country)	12. CITIZEN OF WHAT
	AL Engineer	TADUSTRY KEHRED	NEW YOR	K Ciky	COUNTRY?
13. FATHER'S NAME	1		14. MOTHER'S MAIDEN NA	ME	
FRA	ECERICK DAS:	3081	ELIDE D	ASSORT	
IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	SS
(Yes, no, or unknown)	(If yes give wor or dotes of service)	Unknown FR	EdeRIC D. D.	ASSCRI Stu	EART FLORIDA
1 10 CALISE OF DE	EATH (Enter only one couse per lin	V / 1.	LUCKIC I/O V	MOSCH 1 1010	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	e ior to, to, ond to,	a VASCIII	AA CALLA	ONSET AND DEATH
11701	IMMEDIATE CAUSE (o)	CHIOU	o miscac	ATL COLCET	1- HA
Conditions, if ony	DUE TO	ann	1/Any a	ATTERY DIST	EAST 2+1111
rise to immediat	e couse (o),	ACC100	1011-1141	- ()()	11 0 910
stoting the unde	rlying couse (c)	GENERALIZE	ED ANTENI	OSCIERMENTE A	CART PISTOT YA
PART II. OTHER S	GNECON CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART, I (o)	19. WAS AUTOPSY
200. ACCIDENT WA	HEANLA, (1	VOCUINAL L	REMIA.	POSS, GI.	MALIG PERFORMED?
200. ACCIDENT WA	S UNDERLYING 1 20	5. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Port II of item 1B.)	, ,
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	x /			
=	, , , , ,	Od. INJURY OF CURRIO 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
Hour o.r	n	While Thot While The	ory, street, office bldg., etc.)		(3/8/9)
21 Learti	11.	twork U of work U transcription to the deceased fram	Jac Y , 19	63, to 3/2	2, 1966, that (I) (we) !
	eceased alive an 2				and an the date stated aba
22o. SIGNATURE	01 1 2	3.	1	AM	22b. DATE SIGNED
	harles	ENTENE MI	D. PHYS. D	NED. STAFF PHYS.	3/2/66
22c. PHYSICIAN'S NAME (Type		S S AVANER	22d. ADDRESS (1/25	ROZKHICE	PIKE M
230. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tov	vn) (County) (Stote)
Burial Specify	ans. 3/4/66	Greenwood (Cemetery	Brooklyn,	N.Y.
24. FUNERAL DIRECTO		ADDRESS	2So. REC'D I		GISTRAR'S SIGNATURE
Kolesti	V. Kummlren	Botherla 1	d. DAMAR	7 1966 80	harles Judge
A-V F UI U	LI WIJU VIJUWI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			// //

0 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove cotton papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death, Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66 STAND TO STORIGHT.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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		and the same of th											
1.	PLACE OF DEATH	1				2. USUAL RESIDER	NCE (Whe	re deceased	lived, If ins		esidence	before ad	mission)
	Mon	tgomery		MARYLAN	ID II		rvlan	a	D. COON	-	ward		
	b. CITY OR TOW	N (if outside corporat	e limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN (e limits, wr			e neares	t town)
	write RURAL Oln	and give nearest tow	n)	lhour 55 m	nin	Woo	odbin	e			13.	- 2	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not In hos	spital, give street addr	ess)	d. STREET ADDRES	S				8.	IS RES	
	Mont	gomery Gene	ral Hos	pital			52%	411			Y	-	NO [
3.	NAME DF DECEASED	Fir	st	Middle		Last		ATE	Month	1	Day	Yea	ir
	(Type or print)		by	Boy	Da	vis	D	EATH	March		16	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGI	E (In years t birthday)	IF UNDER			
	Male	White	WIDOWED	DIVORCED		March 16,	1966	100	yrs.	Months	Days	Hours	Nio 55
10a	. USUAL OCCUPAT	ION (Give kind of work	one 10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (County &	State, or fo	reign country) 12. CI		F WHAT	
Jur	New Born	ing life, even if retired	3) [N]	DUSTRY		Montgome	rv Ma	rvlar	hd		UNTRY? SA		
13.	FATHER'S NAM					14. MOTHER'S MA				1 0.	711		
	Willi	am H.Davis			33	Vallie	Summ	erfie	14				
15	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO. 1	17.	NFORMANT	O Gillan		Addres	s		20.0	
(Ye	s, no, or unkown)	(If yes give war or dates of	service)		M = 3	inal Dago		01	- MA				
-	10 ONLICE DE	DESTIL FE-ton only on			mea	ical Recor	rus,	Othey	Mu.		INITER	WAL DE	DALEEN
		ATH WAS CAUSED BY:		e for (a), (b), and (c).]		11/1	4	1	- 1)		VAL BE	
П	PART I. DE	IMMEDIATE CAUSE	(a) 1)]/	remarkent	4 .	2) Hydrau	MOS	1)	Preech	1			
	1615	DUE :	10		,				,,				
	Cenditions, If		(b) P	esentation	P	040. ASK)	Kia -	-					
	gave rise to cause (a), st		то										
	underlying caus	a lank	(c)										
5	PART II. OTHER S			ING TO DEATH BUT NOT	RELAT	ED TO THE TERMINAL	L DISEASE	CONDITIO	N GIVEN IN	PART 1(a)		WAS AU	
S S											YES	PERFOR	NO T
	20a. ACCIDENT	WAS UNDERLYING	20b. DE	SCRIBE HOW INJURY	OCCUR	RED. (Enter nature	of Inlury	In Part I	or Part II o	f Item 18.			
CER		NG CAUSE OF DEAT	H										
AL	20c. TIME OF	NJURY Month, Day,	rear 20d. IN.	JURY OCCURRED 20e	. PLACE	OF INJURY (Home,	farm. 2	Of. (CIty	or town)	(Cou	nty)	(S	tate)
	Hour a.r	n.	White	Not While	factory	, street, office bldg.,		()					
ž	р.г		at work										
	21. I certif	y that (I) (this hosp	ital) attended	d the deceased from	1		19	to		, 19	, tha	at (I) (v	(e) last
		ceased alive on		19, and	that (death occurred at	7 PN	1, from t	he causes				above.
	22a. SIGNATUI	101	01	- nio		ATTENDING	MED.		STAFF	22b. D	ATE SIG	NED	
		/(0)		- 100	M.D.	ATTENDING PHYS.	DIRECTO		HYS.				
	22c. PHYSICIA NAME (T)	(pe) De S	. CE	Lain M	0	22d. ADDRESS							
23a	BURIAL, CREM		HEREOF	23c. NAME OF CEME	TERY (OR CREMATORY	23d	. LOCATI	ON (City, to	wn or cou	inty)	(St	ate)
	Burial	2/18	166	Onle Conner	0 0	lam at a ===		How	ard C	0 · M	d.		
24.	FUNERAL DIRE	CTOR	7001	Oak Grov ADDRESS	el	emetery 25a: R	EC'D BY			GISTRAR'	S SIGNA	TURE	
	C M Ma	ltz Box 2) 1 C1-	esville.	7.67	DAMA	R 9 1	196	c oc	learle	. 0.	.1.6	
	U.II. Wd	TOA DOX C	TIDVK	esville.	MO	DATE	111 6	100	U	70	VX	vg.	

VR AI5 (4) 20M 1/65

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24 hours after death,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03528	Ttom 15	CERTIFICA	IE OF DE	ALH		1103	13
	PLACE OF DEATH a. COUNTY	10031 17,	F118 0)/0	a. STATE		e deceased lived, If ins b. COUN		e before admission)
	Montgomery b. CITY OR TOWN (if outside co		MARYLAND					
	write RURAL end give neares	rporate limits, st town)	c. LENGTH OF STAY IN 1	b c. CITY OR TO	WN (If outside	corporate limits, wr	Ite RURAL and gi	ve nearest town)
	Bethesda		172 days	Pens	sacola		48-	. 3
	d. NAME OF HOSPITAL OR INSTI	TUTION (If not in hos	pital, give street addres	d. STREET ADD	PRESS			e. IS RESIDENCE ON A FARM?
	e Clinical Cente				ursley A			YES NO D
	NAME OF DECEASED	First	Middle	Last	4. D/	ATE Month	n Day	y Year
	CT	lax	Howard	Davis		EATH March	1 4	19 66
5.	SEX 6. COLOR OR F	ACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	
M	ale White	WIDOWED	DIVORCED [19 March	1935	30 yrs.	Months Days	Hours Min.
10a.	USUAL OCCUPATION (Give kind of	work done 10b. KIN	ND OF BUSINESS OR			State, or foreign country) 12. CITIZEN	OF WHAT
	ng most of working life, even if		DUSTRY	Mont	174 - mi mi		U.S.	
	ieutenant FATHER'S NAME	l M	lilitary	14. MOTHER'S	Virgini		0.0	A
1								
15	Max Davis	ED E000 F00 10 0	COLOR OF CHICAGO TO	Lols	R. Rol	oinson		
	WAS DECEASED EVER IN U.S. ARM , no, or unkown) (If yes give war or	dates of service)	OCIAL SECURITY NO. 1	7. INFORMANT Th	ne Medic	cal Recordes	SS	
	Yes 1956-pre	38nt 900 23	4-52-9033 I	he Clinics	al Cente	er, Bethesc		
	18. CAUSE OF DEATH [Enter di	dy one cause per lin	e for (a), (b), and (c).]				INT	ERVAL BETWEEN SET AND DEATH
	PART I. DEATH WAS CAUSI IMMEDIATE C	D BY: Prob	able Septice	mia			16	hours
	2041	DUE TO						
	Conditions, If eny, which \		nic Myelogen	ous Leuken	กา๋ล		3	vears
	gave rise to immediate	DUE TO	nie i jozofon		-			
	cause (a), stating the underlying cause last.							
NO.	PART II. OTHER SIGNIFICANT CON	(c) NDITIONS CONTRIBUT	ING TO DEATH BUT NOT R	ELATED TO THE TERM	INAL DISEASE	CONDITION GIVEN IN	PART 1(a) 119.	WAS AUTOPSY
ATI	THE THE COUNTY OF	DITTORO CONTRIBUTI	Ma 10 0 D (III)	LEATED TO THE TERM	THE DIOL OF			PERFORMED?
E .	OO - AOO IDENT WAS INDEDICATE	No FT L OOL DE	TOODING HOW IN HID YOU	Colleges (5.1	torra of Indiana	to Dark Law Dark II o		ES NO
CERTIFICATION	20a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CHEETHER, NOTIFY MEDICAL E	NG 20b. DE F DEATH (XAMINER)	ESCRIBE HOW INJURY OF	CURRED. (Enter na	ture of injury	In Part I or Pert II o	or item 18.)	
	20c. TIME OF INJURY Month.	Day, Year 20d, IN.	JURY OCCURRED 20e. I	PLACE OF INJURY (H	ome, farm, 20	of. (City or town)	(County)	(State)
MEDICAL	Hour a.m.	While r	- NOT WHITE -	ctory, street, office b	ildg., etc.)			
Σ.	p.m.	19 at work	at work	1 4 1	10 (5	35 1	//	
	21. I certify that 10 (this		d the deceased from	eptember	13, 1905			hat 🗴 (we) last
	saw the deceased alive o	n March 4	19_00, and t	hat death occurre	d at W	I, from the causes	and on the da	te stated above.
	22a. SIGNATURE	na 11	0/	ATTENDING	MED.	STAFF -	22b. DATE S	
	Wester	· Vil	2413	M.D. PHYS.	DIRECTO	OR PHYS. A	4 March	
	22c. PHYSICIAN'S NAME (Type)		. ()			linical Cer		
		y M. Vietz				Health, Be		
23a.	REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMET			LOCATION (City, to		(State)
		3-5-66	Barancas N			nsacola,		
	FUNERAL DIRECTOR	TORY D	ADDRESS		REC'D BY F	REGISTRAR 25b. R	EGISTRAR'S SIG	NATURE
R	OBERT A. PUMPI	AREY Be	thesda, Ma	aryland	MAKO	1968 80	harles &	udge

5.10-1

TO THE PROPERTY OF THE STRUCTURE CONSER, STORES OF A STRUCTURE AND A STRUCTURE OF THE STRUC

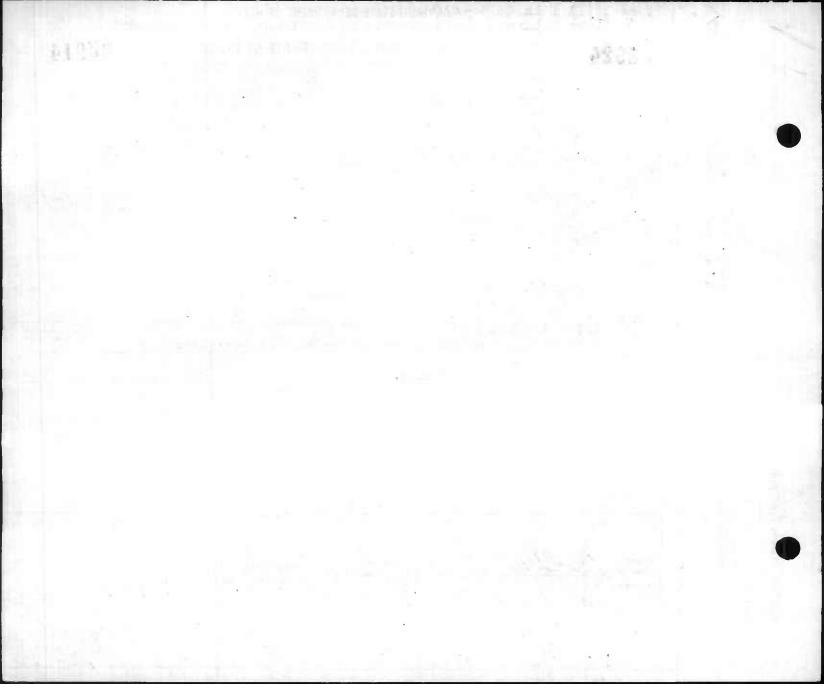
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borisi-figurit 5-1-6- "Saturces" N. 1 Dem. " Corsacola, Tierrica Topers A. Pilkersky T. Mouda, Maryland M. T. Hey W. M. Land



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

e. IS RESIDENCE ON A FARM?

YES NO

Haurs

INTERVAL BETWEEN

1-255

19. WAS AUTOPSY PERFORMED?

(County)

(County)

25b. REGISTRAR'S SIGNATURE

NO

(State)

and in my apinian

22. DATE SIGNED

(State)

IF UNDER 1 YEAR

Doys

12. CITIZEN OF WHAT

Manths

	OR S	TATE	
ter death. If any deloy is	Give Pages 1, 2, and 3 to	th the State Deportment of	99

24 hours after

executed within

This certificate shauld writing the word

00

Item

word "pending" in pencil in the Chief Medical Examiner's

forworded to

should

Poge

the funeral director.

the certificote,

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside care c. CtTY OR TOWN (If outside Corparate limits, write RURAL and give nearest tawn) d. STREET ADDRESS nat in haspital, give street address 3. NAME OF DATE Month DECEASED OF DEATH (Type ar print) S. SEX NEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthday) WIDOWED event BIRTHPLACE (State or foreign country) even if retired) Ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM .⊆ File puo WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT removal CAUSE OF DEATH (Enter My one cause per line for (a), (b), and (c).) **burial-transit** PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (a) cremotion, DUE TO ardio! Vasculai Diseas Canditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause 0 used os buriol, c last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 0 2Da. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 should PRIMARY ar CONTRIBUTING CAUSE OF DEATH. agent, MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar town) Haur a.m. factory, street, office bldg., etc.) Not While may be retoined for your FUNERAL DIRECTOR: Poge 19 its designated 21. I certify that I taak charge of the remains described above, held an Autapsy [Inspection X death resulted fram: Natural causes X Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, ar caunty) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) REMOVAL (Specify)

VR A15ME (5) 6M 1/66

FUNERAL DIRECTOR

61621 THE STATE OF THE PARTY OF THE P 2001 LASIA

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Madical Exercises.

page 1 and 2 with the State Department of in ony event within 72 hours ofter death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health or its designoted ogent, prior to burial, cremotion, or removal, and

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

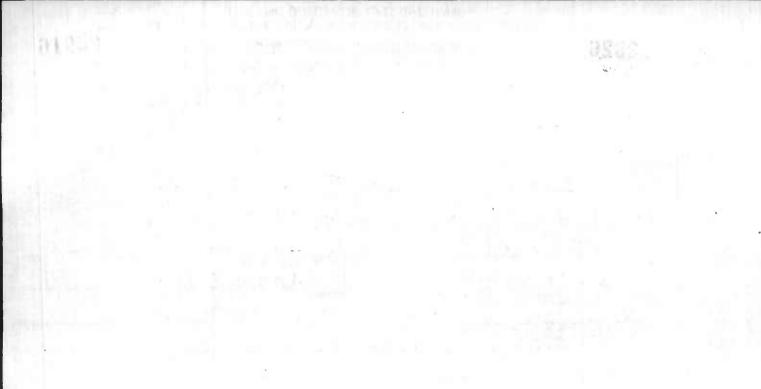
03926

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03916

0002		
1. PLACE OF DEATH a. COUNTY - MONTGIMERY MARYIAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resider	nce before admission)
b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, write RURAL and give	
write RURAL and give nearest town)	Baltimore.	7e fledrest fowil)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e. IS RESIDENCE
Asbury Methodist - Hopme.	Charles + 24 st.	ON A FARM? YES NO
3. NAME OF First Middle DECEASED First Middle	Last 4. DATE Manth	Doy Year
(Type or print) Enma- Naomi	DOWSON DEATH MOTON	29 1966
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH March 8, 1878 9. AGE (In yeors IF UNDER Months) Yrs.	Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) . INDUSTRY		TIZEN OF WHAT
13. FATHER'S NAME	Mary/and.	UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George. M. Morgan	Annie E Delcher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)	INFORMANT Address	
None-	Asbury Mathodist - Home.	
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Previnon	5 1 2 5 1	ONSET AND DEATH
9047 DUE TO	. 0. 70 .0	115 dans
	J. Rr. FRMUS-	75-10.
stating the underlying source > DUE 10	sis-generalizad	Years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 2Do. EXTERNAL CAUSE WAS PRIMARY NOT CONTRIBUTING CAUSE OF DEATH AND CAUSE OF DEATH	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO X
2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Part II of item 1B.)	1 10 110 14
PRIMARY X or CONTRIBUTING THE CAUSE OF DEATH.	ing Home cousing Frat	- 4. R.X Fem
20c. TIME OF INJURY Manth, Doy, Yeor 2Dd. INJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (Ca	unty) (State)
Haur o.m. 2/12 1966 atwark of work of work	tory, street, office bldg., etc.) Gaithers berg	Mont- Mel
21. I certify that I taak charge of the remains described obove, he		
	cide . Hamicide . Undetermined manner	7
	CHIEF MEDICAL EXAMINER	
SIGNATURE John & Sall	M.D. ASSISTANT MEDICAL EXAMINER .	22. DATE SIGNED
EXAMINER'S	M.D. ASSISTANT MEDICAL EXAMINER A 3/29/	66
NAME (Type)	Address (Street, city, tawn, or county)	
23b. BURIAL, CREMATION, REMOVAL (Specify) Bruial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR April 1.X8 19 66 Riverview C		(Caunty) (Stote)
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
G. Truman Schwab 3512 Frederick Ave. Balto.	Md. DATEGO A 1000 Miles	Vo. Verder

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AND AND ANY ARTHUR PARTY OF THE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY A b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town Eliase WKS. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO X vianor NAME OF Middle DATE Month Year ± Last DECEASED OF DINDER 19 66 (Type or print) DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Months lost birthdov) Hours -22-12 X white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? V.5, A POTOMACTLEC. POWE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI remaval, REGINA SHECKELS 5616-23 FARKWAY. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 6 HILLEREST HIS MD. crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUF TO stoting the underlying couse prior ta last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health F CFRTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While State ot work of work 21. I certify that (1) (this hospital) attended the deceased from. with the 1966, and that death accurred at _M, fram causes and an the date stated above. 0 saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED MED ATTENDING STAFF M.D PHYS DIRECTOR PHYS ADDRES! 22d. 22c PHYSICIAN'S ROBERT COALE NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. TOCATION (City or Town) (Stote) (County) REMOVAL (Specify)
Burial Cedar Hill 3-11-1966 Cemmetery Suitland, Md. 24. JUNEBAL DIRECTOR GAW 5130 Wisc. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE wler's Ave ons

Wash.

executed within 24 haurs after death by the funeral . Pages 1 and = papers. filled pau campletely 200 eremove. pub requires that the death certificate be please physician aftending permit. the signed by the burial-transit p burial, cremati physician. be retained by the haspital or attending the has been OS ATTENDING PHYSICIAN: The USe this certificate for detached TO FUNERAL DIRECTOR: After pe shauld 3 director, page shauld be filed TO HOSPITAL (Page 4 may b

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after Death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
() 391

PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Ro	esidence before admission)
Montgomery Maryland	a. STATE b. COUNTY Pennsylvania	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Bethesda 10 days	Colver 7	5 - 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda, Md. 20014	Box 96	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	DeGretto DEATH March	7 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In years IFUNDER)	YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED 1	5 February 1916 50 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY		TIZEN OF WHAT UNTRY?
Housewife None	Pennsylvania	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harry Lanesky	Tressa Yowersky	
	INFORMANT The Medical Becondess	
	e Clinical Center, Bethesda, Md	20017
[18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	OTTIMEAT CENTER, Debnebaa, Ma	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nasal Pharyngeal B	o odine	ONSET AND DEATH
20/X IMMEDIATE CAUSE (a) Nasal Pharyngeal B	teeaing	12 hours
DUE TO		1 vears
gave rise to immediate		12 30010
cause (a), stating the DUE TO		
Underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TER TO THE TERMINAL DISEASE CONDITION CIVEN IN DART 1/2)	119. WAS AUTOPSY
E TANTILO MENANTE CONTINUES CONTINUES THAT BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION BY ENTITY AND IN FART I(a)	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
Hour a.m. While - Not While - factor	ry, street, office bldg., etc.)	(01111)
21. I certify that (M (this hospital) attended the deceased from $F \in$	ebruary 25, 1966, to March 7, 196	6, that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
saw the deceased alive on March 7 1966, and that		
22a. SIGNATURE		TE SIGNED
Robert J. Drown M.D	DIRECTOR PHYS. W. 17 Ma.	rch 1966
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS he Clinical Center,	
Robert S. Brown, M.D.	Institutes of Health, Bethes	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
Print of +	Ebensburg Pe	nna.
24 FUNERAL DIRECTOR ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR	STIGNATURE
24. FUNERAL DIRECTOR RObert A. Pumphrey Bethesda, Md.	DAMAR 10 1966 Icharla	o Judge

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The Chiefest copyet, bedecide, is the -- composite to ATTEN OF THE PARTY university Insurance Land. Frank Azbighon Telephon The state of the s MIPT COUNTY OF THE PROPERTY SHEET AND THE PARTY OF THE PA Lobort D. Smart, L. I. Kathionsen of health, Counsing, et. 4814 - modil - who electric - restaund sometry for the board and - deleven AND THE SUPPLIES OF SCHOOL SEC. LANK IN 1955 WESTERN AND SEC.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

_			
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Resider	ice before admission)/
	a COUNTY	STATE b. COUNTY	4
	Vionigomery MARYLAND	Maryland	a staylor
40	b. CITY OR TOWN (it outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give nearest town)
1	white Kurat and give hearest town	Hyattoville 1/2	- 2
72	d. NAME OF HOSPITAL OR INSTITUTION (if not in, hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	1.6.11.8.17/.17/	2011 Honne on St.	ON A FARM?
	Wash Sant Hospital	2011 NOTESCOTO	YES NO
3.	NAME OF First Middle	Last 4. DATE Month Da	y Year
	(Type or print) Christine (Aresula)	Demas DEATH 3	1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18		R IF UNDER 24 HRS.
14	Banal white WIDOWED IN DIVORCED I	2-19-1994 last birthday) Months Days	Hours Min.
LDa	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT
dur	ing most of working life, even if retired) INDUSTRY	COUNTY COUNTY & SINCE, OF INVESTIGATION OF THE COUNTY	
	How	greece gr	ee co-
13.	FATHER'S NAME	14/ MOTHER'S MAIDEN NAME	
	Michaelas Kontos	morprown	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 7/1	, ,
(Ye	s, no, or unkown) (If yes give war or dates of service)	n:10-11. 1988 K	ennewech
_	100	V- Tucholas Demos J.J.	md
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1		TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Trong backs	ISET AND DEATH
4	IMMEDIATE CAUSE (a)	2	wells-
- 1	DUE TO		00 +
-	Conditions, if any, which (b)	aben ochres	1/2
	gave rise to immediate (7
	cause (a), starting the		
_	underlying cause last. (c)		
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	PERFORMED?
5			ES NO NO
=	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
Y.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ای			
5	Hour am factor	E OF INJURY (Home, farm, 2Df. (City or town) (County) y, street, office bidg., etc.)	(State)
9	p.m. 19 While Not While	7) 341 301; 3111 30 314 <u>8</u> .; 313.;	14.75
-		un 1965 to mor 1966	that (I) (wa) last
	21. I worthly that the tens hospitals attended the deceased from	, 10 , 10	that (I) (we) last
	saw the deceased alive on 1900, and that	death occurred at 1000. M, from the causes and on the da	
	22a. Signature	ATTENDING MED. STAFF 22b. DATE S	IGNED
	M.D. Wass yeen M.D.		66
ļ	22c. PHYSICIAN'S	22d. ADDRESS	-0 4 3
	IRVIN MI GKASSGREEN M.D.	131014RUNDEL KD. 1111.KAINI	EK MD.
23a	. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	REMOVAL (Specify) 3/70/66	G 113 - 1 M3	,,
21	UCGAT HILL	Cemetery Suitland, Md.	MATURE
24.	- 2 - 7 - 7	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	MATURE
	The S.H. Washington, D.C	· DATEAR 9 1966	and and

VR AI5 (4)

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the second second WANTED STREET AND THE PROPERTY OF THE PRINCES IN

FOR STATE

DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to P.M3. Page any delay is

with farm

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Offi 5 may be retained for yaur files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

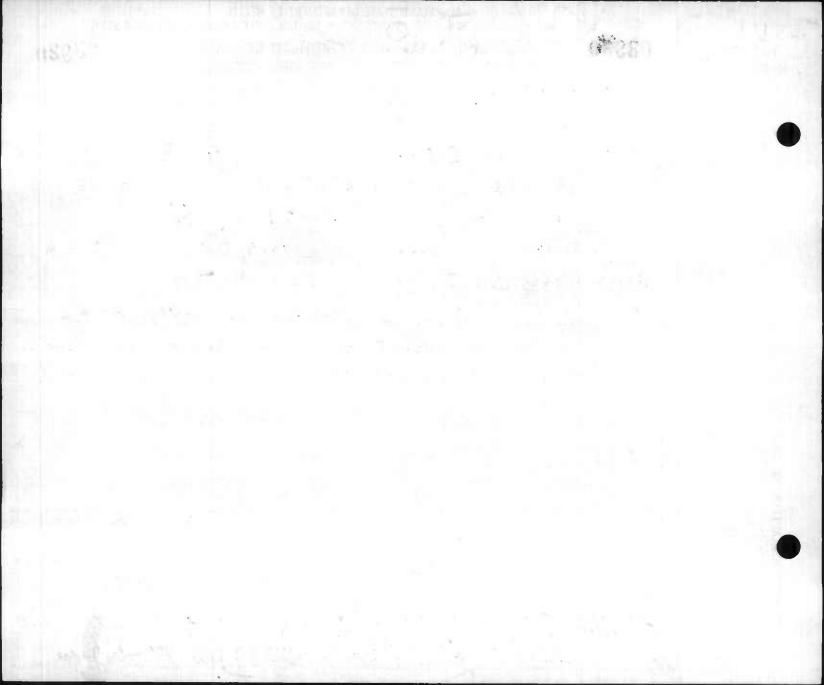
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH
Item 3 Film PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03930

()	2	0	12		
U	U	7	4	I	1

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	ce before admission)
	o. COUNTY MOntgemery. MARYLAND	o. STATE Md_ b. COUNTY M	ont goney.
	b. CITY OR TOWN (If outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e neorest town
	write RURAL and give neorest town) Bethes da	Bethroda.	5-1
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	9404 Belfour Drive.	9404 Balfour Daive.	YES NO NO
3.	NAME OF First Middle De Pr	Destroy OF Month Morch	Doy Year
-	(Type or print) Sertha Cotherine SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	18 1966 1 YEAR IF UNDER 24 HRS.
3.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	lost dirthdoy) Months	Doys Hours Min.
10			TIZEN OF WHAT
	b. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) INDUSTRY		21.5. A
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	George Washington Tyler	Rose Norton.	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19 es, no. of unknown) [Iff yes give wor or plotes of service]	NFORMANT Address	
(,	ALOWE WARNOWA	Itushand. SAME AS	3#2
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	14 in an Annta	INTERVAL BETWEEN ONSET AND PEATH
	IMMEDIATE CAUSE (o) CORONDIY LOS	ufficency Heure-	Songy:
	Conditions, if ony, which gove) DUE TO Cadio Vascu	lar Disease-	years.
	rise to immediate couse (o), (DUE TO	101 013643	1
	stoting the underlying couse lost.		21 1 1
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
S	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port 1 or Port II of item 18.)	YES NO N
CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(cine holde of highly in roll 1 of roll if of heat to.)	
MEDICAL		CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (Co	unty) (State)
×	p.m. 19 of work of work		
	21. I certify that I taak charge af the remains described above, he	ıld an Autapsy 🔲 , 🔝 İnspectian 🔼 🔝 İnquiry 🔀	and in my apinian
	death resulted fram: Natural causes 🔼 Accident 🗌, Suic	ide 🔝, Hamicide 🔝, Undetermined manner 🙋	
	ACTUAL SIGNATURE Order & Boll	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	SIGNATURE	_M.D. ASSISTANT MEDICAL EXAMINER DA 3/19/6	
	REXAMINER'S NAME (Type)	Address (Street, city, town, or county)	Medning
23	O. BURIAL, CREMATION, 23b DATE THEREOF, 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	BUNTAN YZZ/66 KOCK C	TELL 250 REC'D BY REGISTRAR 25b REGISTRAR'S S	CHATHE
2	A. FUNERAL DIRECTOR	250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	Quelas
	21/2 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	THE TOWN TO ISOU IT TO THE	A The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH

O3931 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		-,		
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

3. NAME OF DECEASED First Middle Deceased Month Day Year Deceased Month Day Year Middle Deceased Month Day Year Deceased Month Month Deceased Mo	ALIN VEFI.	1. PL/ a. (COUNTY	1				2. USUAL RESIDENCE a. STATE		ADJUNTY .	
3. RAME OF COLOR OR RACE 7. MARRIED NOVER MARRIED DEPTH MASS OR OTHER TYPE TO THE THE ORDER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL ORTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL ORTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL ORTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL ORTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL ORTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL ORTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL ORTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL ORTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL ORTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL OR THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL ORTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL OR THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL OR THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL OR THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL OR THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILL OR THE SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	- +							M	cl_		
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DATE					- 5			25a REC	D BY REGISTRAR 2	25b. REGISTRAR"	S SIGNATURE
		Tys	son Whee	ler 133	1 Kock	. Pike, Rock	vill	e, Md DATE	0 1356	Juare	2 Judge
	sos Ald.										

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in account, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03932 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
a. COUNTY Montgomery MARYLAND	a. STATE Maryland b. COUNTY Montgomery					
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
write RURAL and give nearest town) Kensington 8 Mos. 14 Days	Bethesda 15-1					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE					
Carroll Hall Sanitarium	4510 Maple Avenue ON A FARM? YES NO NO					
3. NAME OF First Middle OECEASED	Last 4. DATE Month Oay Year					
(Type or print) PAULINE A. DIE	CTERICH DEATH March 24, 19 66					
7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.					
Female White WIDOWED DIVORCED	oct. 25, 1882 83 yrs. 4 29					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Germany					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
George Schneider	Marie Zimmerman					
	INFORMANT Daughter 4ddress Bradley Blvd					
No No None M	rs. Hedwig Anding Cheve Chase, Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Territorial	noucho premovia 1 DAY					
334 X DUE TO A						
Conditions, if any, which) (b)	clusie due to 8 7RS					
gave rise to immediate cause (a), stating the DUE TO						
underlying cause last. (c) Unterum clar	ores general 10 485					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?					
5 Dialites Melliting, 2	med YES NO D					
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	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Hour a.m. While - Not While - factor	ry, street, office bldg., etc.)					
21. I certify that (I) (this hospital) attended the deceased from	VLY 21 , 1978, to MARCH 24, 1966, that (1) (we) last					
	t death occurred at 1.53 M, from the causes and on the date stated above.					
22a. SIGNATURE	ATTENDING MED. STAFF MAA DOLLAGE					
22c. PHYSICIAN'S	D. PHYS. OIRECTOR PHYS. 1700. 24,176					
NAME (Type) ROBERT G. ANGLE	5009 Del Ray Ave., Bethesda, Md.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS BUTLAI 3-26-66 Rockville						
	Cemetery Rockville, Maryland					
	yland MAR 28 1966 Charles Judge					
	OAIBAIL A O 1000					

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending providing and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The place remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF REALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND BIVISION 3933 CERTIFICATE OF DEATH

1.	PLACE OF DEATI e. COUNTY	H				2. USUAL RES	IDENC	E (Where	deceased lived, if i		esidence	before at	dmission)
		Montgomer	У	MARY	LAND			gini	A				1
	b. CITY OR TOW write RURAL	N (If outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOV	VN (If	outside c	orporate limits,	write RURAL	end give	neare	st town)
	Beth	resda		46 Days		Alexa	andr	ia			23-	3	
- 10	d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not in hos	pital, give street a	address)	d. STREET ADD	RESS				θ.	IS RES	IDENCE FARM?
T	he Clinic	al Center,	Bethesd	a 14, Mar	ylan	4226	Ver	mont	Avenue		Y	ES 🗌	NO K
3.	NAME OF DECEASED	FI	rst	Middle		Lest		4. DAT	E Mor	ith	Day	Ye	ar
	(Type or print)	Rut		Ann		Dixon		DEA	TH Marc	ch	28	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 8	. DATE OF BIRT	H		AGE (In year last birthday) IFUNDER Months	1 YEAR I	FUNDE	R 24 HRS.
	Female	White	WIDOWED [DIVORCE	D	August	193	37	28 yrs.	Wonths	Days	Hours	IAIIE1*
10	a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. KIN	D OF BUSINESS OF	R	11. BIRTHPLAC	CE (Co	unty & Sta	te, or foreign coun	ry) 12. C	TIZEN O		
1	Secretar		u) INL	JUSTRI		Virgi	inte				JSA		
13	. FATHER'S NAM	IÉ .				14. MOTHER'S	MAID	EN NAME			2015		
		S. Howard	Shenner	rd.	3-11	Ruth	Tr.	Hust	chinson				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. S	OCIALSECURITYNO	0. 17.	INFORMANThe				ess			
	No.	(If yes give war or dates o		-46-3924							Mor		
=		DEATH [Enter only on				Clinica	17 0	GHFGI	Decines	304 14		VAL BE	
		ATH WAS CAUSED BY			٧,٠٦						ONSE	TAND	DEATH
	(a)	IMMEDIATE CAUSE	(a) Ence	phalitis								iont	h
	Conditions If	DUE DUE											
	Conditions, If	Immediate	(b) Hodg	kin's Dis	ease						45	Yea	rs_
	cause (a), si		ТО										
Z	underlying caus		(c)	INCTO DEATH DUT	NOT DEL A	FD TO THE TERM	IBIAL D	INTERNET OF	NIDITION OIVEN	N DADT 1/a)	119.	WAS AL	ITOREV
15	PARTIT. OTHERS	SIGNIFICANT CONDITION	DIASCONTRIBUT	ING TO DEATH BUT	NUI RELA	IED TO THE TERM	INALD	ISEASEGU	DNDITION GIVEN	NPARTI(a)		PERFOR	MED?
FIC											YES		NOTY
CERTIFICATION	OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DING CAUSE OF DEATHER MEDICAL EXAMI	TH NER)	SCRIBE HOW INJU	RY OCCUI	RRED. (Enter net	ure of	injury in	Part I or Pert II	of Item 18	.)		
MEDICAL		INJURY Month, Day,	Year 20d. INJ	URY OCCURRED	20e. PLAC	E OF INJURY (HO	me, fa	rm, 20f.	(City or town)	(Cou	inty)	(State)
	Hour a.r		While at work	Not While at work	ractor	y, street, office bi	iag., et	(C.)					
2		y that (# (this hose			rom 10) Februar	•17 10	66 +	28 March	10 6	56 the	+ 140 6	tecl (ev
		ceased alive on 2				death occurred							
	22a. SIGNATUR		1 1	/	and that	death occurred	a act	PM	nom the educe	22b. D	ATE SIG	NED	abovo.
	11/00	Ve. 221.1	Viet the	, M.D.	M.D.	ATTENDING PHYS.		MED. DIRECTOR	STAFF PHYS.	7 28 1	arch	19	66
	22c. PHYSICIA	N'S	100,000	1	WI.D.				inical Co				
	NAME (T)		W Wie	tzke, MD.					Health, H				
23	BURIAL, CREM	ATION 23h DATE		23c. NAME OF CI	EMETERY				LOCATION (CIty,				tate)
	Burial Spe	April	7 7066	Columbia	Gard	ens Ceme	ter	v Ar	lington,	Virgi	nia		
24		and the second	6	ADDRESS AT			. REC	D BY REC	GISTRAR 25b.	REGISTRAR'	S SIGNA	TURE	
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4	н	03934 CERTIFICATE OF DEATH		03924
	1.	a. COUNTY	b. COUNTY M	esidence before admission)
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside write RURAL and give nearest town)	corporate limits, write RURAL	and give nearest toyin)
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	TON	e. IS RESIDENCE ON A FARM?
8	3.	Holy Cross 1500-Forest Glenka 110/4 G	ren Lan	Day Year
	3.	DÉCEASED A A OF	ATH 3 —	20-1966
	5.	MARKIED HEVER MARKIED	9. ACE (In years IFUNDER last hirthday) Months	1 YEAR FUNDER 24 HRS. Days Hours Min.
d	10a	10a, USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR life, even if retired) 11. BIRT HPLACE (County & St INDUSTRY)	tate, or foreign country) 12. C	ITIZEN OF WHAT
	_2	House wife Home Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	· Y	es
		Charles J. McCloskey Myra C. C	alloway	
-	15 (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT		uck La.
	=	No Unknown Cornelius Donne 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	11y Silver S	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Lobar Pneumonia		ONSET AND DEATH
		Conditions, If any, which by Bilateral carcinoma of breast		
		gave rise to immediate cause (a), stating the underlying cause last. DUE TO Metastatic breast carcinoma		
	ATION		ONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	n Part I or Part II of Item 18	YES X NO
			f. (City or town) (Cou	inty) (State)
	MEDICAL	Hour a.m. p.m. 19 While Not While factory, street, office bldg., etc.) at work		
		21. I certify that (I) (this hospital) attended the deceased from 1965, saw the deceased alive on March 20 19 66, and that death occurred at 1966,		(2., that (I) (we) last he date stated above.
		22a SICNATURE ATTENDING MED.	STAFF 22b. D	ATE SIGNED
1		22c. PHYSICIAN'S NAME (Type) Linear (1905)	R PHYS. PHYS.	(2 m/
	23a	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d.	LOOATION (City, town or con	unty) (State)
P	00		ilver Spring	Md.
),	24	Robert A. Pumphrey Bethesda. Md. DMAR 2 2	1966 Icharle	Judge
	=	Tarto a series		11 0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
	11	a. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
		1/201600110
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET/ADDRESS 0. IS RESIDENCE
	,	ON A FARM?
	Wash. SANE HOSP.	6215 4/St. /tve YES NO 15
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Hice Gentrude	Donovan DEATH 3 / 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR: last birthday) Months Days Hours Min.
	F WIDOWED DIVORCED	12-20-87 Tast Dirthday) Months Days Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done Ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
uui	Ing most of working life, even if retired) Kitipe d Government	D.C. Country?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Milliam Millon	Thomas
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	INFORMANT Address
	s, no, or unkown) (If yes give war or dates of service)	/ /
	No 718-10-5360 (hart
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malsutrill	in & wealones I may
111	1292	1
	Cenditions, If any, which	to entalog of land 4 mor
	gave rise to Immediate (b)	a structed from
	cause (a), stating the underlying cause last. DUE TO Calculate Cupita	corcinama of mouth langue 1 year
0 N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/3 19. WAS AUTOPSY
CAT		PERFORMED?
TF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
SAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Wille Wot Wille	y, street, office bldg., etc.)
Z	p.m. 19 at work at work	196/10 11 11
	21. I certify that (I) (this hospital) attended the deceased from	
		death occurred atM, from the causes and on the date stated above
	22a. SIGNATURE	22b. DATE SICNED
	William W.D. M.D.	ATTENDING MED. MED. STAFF DIRECTOR DIRECTOR PHYS. DMarch 2.1966
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME WITTERED W. Eastman, M.D.	1200 Prospect Ave. Takoma Pk, Md.
23a		
	Burial 3/4/66 Dedar Hill	Cemetery Suitland, Md.
24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	ROBERT A. PUMPHREY BETHESDA, M	10 MAR 7 1968 Acharles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery by the Pages 1 MARYLAND aft b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b papers. Pag nin 72 hours write RURAL and give nearest town) hours Rockville uears .5 Rockwille d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 14302 Merton Court within 14302 Merton Court completely ive carbon p within 3. NAME OF First Middle DATE Month DECEASED OF B. event, ottie Yoo an March (Type or print) DEATH executed 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months and any Temale White WIDOWED C DIVORCED [1894 attending physician a ermit. Then please to on, or removal, and his 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) andim certificate be during most of working life, even if retired) INDUSTRY Virginia Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Russell Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Addres 302 Merton Ct. Fawler Rockville, Md. 16. SOCIAL SECURITY NO. permit. death (Yes, ng, or unkown) (If yes give war or dates of service) been signed by the atti the burial-transit permi or to burial, cremation, o None None Jacqueline B. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] law requires that the PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Anteriosclerosic Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating as th underlying cause last. (c). CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) : After this certificate half be detached for use he State Dept. of Health for use Health 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While retained by at work at work to FUNERAL DIRECTOR: A director, page 3 should should be filed with the 1963 to 21. I certify that (I) (this hospital) ettended the deceased from 1966 and that death occurred at 7/3 AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE pe M.D. PHYS. DIRECTOR PHYS. TO HOSPITAL (Page 4 may 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) L'enard Gold 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Ceder Hill (March 1966 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Avenue

Inc.

Montgomery

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12. CITIZEN OF WHAT

e. IS RESIDENCE ON A FARM?

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INTERVAL BETWEEN

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1. PLACE OF DEATH Q. COUNTY MORE COMORNA		2. USUAL RESIDENCE (Who		n: Residence before odmission) Y Montgomery			
a. COUNTY Montgomery	MARYLAND	mary rai	IQ	Montgomery			
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside Light of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of	de carparate limits, write RUR/				
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d. NAME OF HOSPITAL OR INSTITUTION (If not in hasp Carol Hall Nursing Hom		19231 Con	710 Plyers N	YES NO NO			
3. NAME OF First	Middle	Lost	I. DATE Month	Day Year			
DECEASED (Type or print) MYSTIS		DREKA	OF DEATH MARC	H 30 1966			
S. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.			
Female White wipon		April 20, 18	79 yrs.				
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Retired - Nurse	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S Nova Scost		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA					
Jacob Miller		Maggie McF	hee				
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addres	S			
(Yes, na, ar unknawn) (If yes give war or dates af service)	Be	rtha D. Dale	106 E. 42nd	Street Wilm. Dela			
18. CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		HROM BOSI.	S	INTERVAL BETWEEN ONSET AND DEATH			
4201 DUE TO	4201 DUE TO 1-						
Condifions, if ony, which gave (b)	ANIERIOSCLEX	POTIC HEA	ART DISEA	30			
stoting the underlying cause DUE TO		1	- /				
last. (c)	- TITO ALLER ANTENIA COLF PACIFIC						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY			
ССАТІОН	SENILITY			PERFORMED? YES NO			
OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJUR® OCCURRED.	(Enter nature of injury in Par	t I ar Part II af item 18.)				
Hour a.m.		CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)			
21. I certify that (1) (this hospital) a saw the deceased alive an MAR				30 1966, that (I) (we) last and an the date stated abave			
22o. SIGNATURE	0		-	22b. DATE SIGNED			
Henry o	burder M.	D. PHYS. DI	ED. RECTOR PHYS.	3/30/66			
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	236 Nou	way or			
23g. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CDEMATORY	224 LOCATION (City T-	(m) ((supply) ((supply)			
DEMOVAL (Speciful)		CKEMATUKT	23d. LOCATION (City or Tow	, , , , , , , , , , , , , , , , , , , ,			
	Old Drawyers		Odessa	Delaware			
24 FUNERAL DIRECTOR	430 & Sculla	2So. REC'D B	Y REGISTRAR 2Sb. REG	SISTRAR'S SIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please randore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayol, and in all within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03336	5		CERTIFICA	TE OF DEAT	Н		113	928		
1. PLACE OF DEAT	rH ery		MARYLAND	2. USUAL RESIDEN		d lived, If insti b. COUNT				
b. CITY OR TO	NN (if outside corpora L and give nearest tow Y Chase	te limits, /n)	c. LENGTH OF STAY IN 15							
	stnut St.	ON (if not in h	ospital, give street address			Street			SIDENCE FARM?	
3. NAME OF DECEASED (Type or print)	Martha	rst	Middle B.	DuBois	4. DATE OF DEATH	Month	h 3,	ay Yo	ear 66	
5. SEX F	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 10/30/17	4a	birthday) yrs.	7			
nousewi		d) J	IND OF BUSINESS OR NDUSTRY	Georgia	County & State, or f	oreign country)	COUNT		Т	
	n N. Bark			14. MOTHER'S MAI	illey			Lite A		
15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. of service)		Nobert DuBo	430' ois Che		tnut S		et	
	DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE any, which Immediate stating the DUE	(a) By TO (b)	ine for (a), (b), and (c).]	sthma				TERVAL BI		
20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITION T WAS UNDERLYING THE CAUSE OF DEAD THEY MEDICAL EXAMI	ONS CONTRIBU	JTING TO DEATH BUT NOT RE						NO	
Hour a.	INJURY Month, Day, .m. 19	Year 20d. I While at worl	Not While fac	ACE OF INJURY (Home, tory, street, office bldg.,	farm, 20f. (CIt)	or town)	(County)		(State)	
		oital) attend	ed the deceased from 19 66, and th		10 PM, from		, 19 <u>66,</u> nd on the da	that (I) ((we) las	
22a S GNATE	of Mino	n, n	D.	.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	MARCH	3, 19	766	
22c, PHYSICI NAME (1	TypeN WESLE	Y M.	OLER	1190 GNV	n. Av. N.	W. W	SHING:	www.	D.C.	
REMOVAL (SE BULT) 24. FUNERAL DIR	ECTOR	5	Rock Cree ADDRESS Chesda, Md.	k Cemeter		ingto		7	State)	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

()3929

1.	PLACE OF DEATI	1			2. USUAL RESIDENCE a. STATE	E (Where decease	ed lived, If institution: b. COUNTY	Residence before admission)			
11-	Montg	omery		MARYLANO	Georgia Fulton						
	b. CITY OR TOW	N (If outside corporation and give nearest tow	ta limits, c.	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corpora	ate limits, write RUR	AL and give nearest town)			
	Bethe			2 Days	College F	ark		49-3			
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (If not in hospit	al, give street address	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
TI	ne Clinic	al Center,	Bethesda	14. Marylan	d 2092 West	Mercer	Avenue	YES NO DE			
3.	NAME OF OECEASED	FI	rst	Middle	Last	4. DATE OF	Month	Day Year			
	(Type or print)		na	Marie	Duckett	DEATH	March	24 1966			
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	8. DATE OF BIRTH	9. A	GE (In years IFUND ist birthday) Month:	ER 1 YEAR IF UNDER 24HRS. Hours Min.			
	Female	White	WIDOWED	DIVORCED	31 December		3 yrs.				
10:	USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or	foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
1	Student	mg mo, oven m roune		one	Geor	gia		U.S.A.			
13	. FATHER'S NAM	E			14. MOTHER'S MAIC	EN NAME					
	Morgan D	uckett, Jr.			Joyce Lo	wise Che	eeks				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. SOC	IAL SECURITY NO. 17.	INFORMANT The M						
1	No	(1) yes give war or dates o	No		e Clinical C			4. Maryland			
	18. CAUSE OF	DEATH [Enter only on	e cause per line f					I INTERVAL BETWEEN			
	PART I. DI	EATH WAS CAUSED BY	Respir	atory insuf	ficiency			5 days			
	299:	OUE									
	Conditions, If			Fibrosis o	f the pancres	a.s		8 years			
	gave rise to		(-)								
	cause (a), s underlying caus	raring the	(c)								
No.	PART II. OTHER	SIGNIFICANT CONDITION		G TO DEATH BUT NOT REI	ATED TO THE TERMINAL I	DISEASE CONDIT	ION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?			
CAT								YES NO			
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b. OESC	RIBE HOW INJURY OCC	URREO. (Enter nature of	f Injury In Part	I or Part II of Item	18.)			
CER	(IF EITHER, NO	ING CAUSE OF DEA	NER)								
CAL	20c. TIME OF	INJURY Month, Oay,	Year 20d. INJUR	RY OCCURRED 20e. PL	ACE OF INJURY (Home, fa		ty or town) (County) (State)			
MEDICAL	Hour a.i		While at work	Not While at work	tory, street, office bldg., e	tc.)					
Σ	p.				22 Marsah 1	0 66 to 2	/ Marsah 19	66, that 10 (we) last			
		ceased alive on 24		19 66 and th	at death occurred at	O15 M. from	the causes and or	n the date stated above.			
	22a. SIGNATU		00		at acuti oboditoa a.	T.	22b.	OATE SIGNED			
	Halas	at 2. 1	Munic	8-4.D. M	.o. PHYS.	MED. DIRECTOR	STAFF X 25	March 1966			
	22c. PHYSICI/			3				r, National			
	NAME (T	Robe:	rt H. Sch	wartz, M.D.				sda 14, Md.			
23	BURIAL, CREM	MATION, 23b. DATE		BC. NAME OF CEMETER	RY OR CREMATORY		TION (City, town or				
	Removal (Sp	9L 3-25	-66			ATL	ANTA, G				
24	FUNERAL DIR	ECTOR	11	ADDRESS	25a RE	C'D BY REGISTR	AR 25b. REGISTR	AR'S SIGNATURE			
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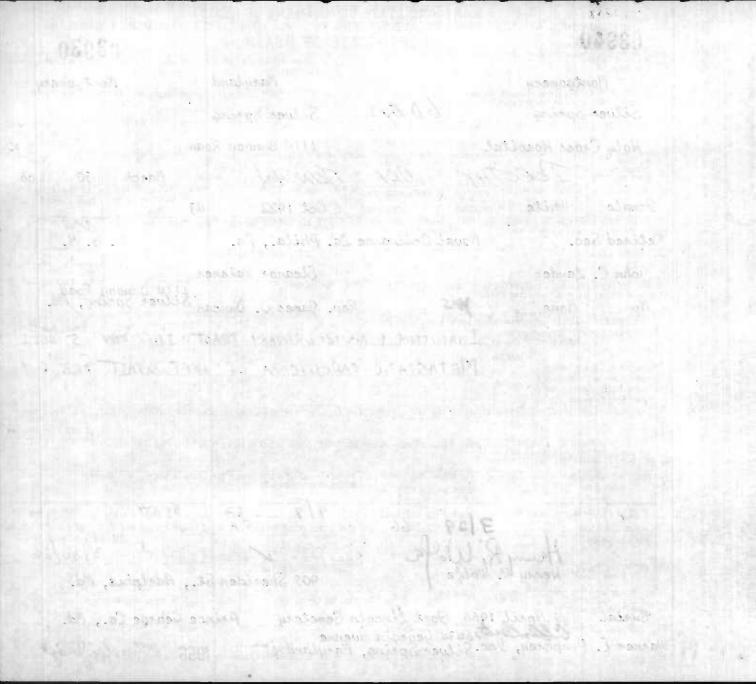
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
44	a. STATE Maryland b. COUNTY Montgomery
MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
Silver Spring 60 Hys	Silver Spring 15.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE on a farm?
Holy Cross Hospital	1114 Dunoon Road YES NO K
3. NAME DF FIrst Middle	Last 4. DATE Month Day Year
(Type or print) LOCOTHY WAY	DUNCAN DEATH March 30 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	R DATE OF BIRTH 19 AGE (In years LIFTINDER 1 YEAR FIINDER 24 HRS.
Female White WIDOWED DIVORCED	1 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even If retired) Retired Sec. Naval Ordinance Lo	2. Phila., Pa. U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John C. Lauder	Eleanor Raisner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT 51.14 Address Road Silver Spring, Md.
No None YES Rei	o purites of Surveyer
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LIVANITION + ACUS	TE URLINARY TRACT INFECTORY 5 DAYS
170X DUE TO	
Conditions If any which I	RCINOMA OF LEFT BREAST FEB. 64
gave rise to immediate (CITION OF THE DAMES
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
I C P	YES NO E
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	9/9, 1962, to DEATH, 19, that (I) (we) last
	death occurred at 5. A.M., from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Harry R, Wolfe M.D	ATTENDING MED. STAFF 3/30/66
22c. PHYSICIAN'S LICENSE DE LILE LE	22d. ADDRESS
NAME (Type) Newcy R. Worge	905 Sheriden St., Adelphia, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Li Carana Nati Georgia Huer	we 230. REGISTRAN 230. REGISTRAN 3 SIGNATURE
Warner E. Pumphrey, Inc. Silver Spring Me	rylandont PRA 1966 PChanles lufte.

5 (4) 1/65 VR AIS



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR. After this particular that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please rentities about papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR AI5 (4) 20M I/65

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
4	1	7r. he AD CALLED - CERTIFICATE OF DEATH 13931	
	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi a. STATE b. COUNTY	ion)
		MONTGOMERY MARYLAND MARYLAND MONTGONIERY	
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	wn)
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN	NCE
8		HOLY CROSS HOSPITAL 107 LENHART DR. YES NO	
	3.	NAME OF Sacket First Middle Lest 4. DATE Month Day Year	
		(Type or print) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	5.	An last birthday) Months Days Hours M	HRS.
	10a	WIDOWED DIVORCED 12-8-709 85 yrs. USUAL OCCUPATION (Give kind of work done 10b. Kind of Business or 11. Birthplace (county & State, or foreign country) 12. CITIZEN OF WHAT	_
	duri	tired Adm. Asst. Army Engineering Off. Washington D. C. U. S. A.	
ne		FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
		cket Duryee Unknown	
X	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT To unknown) (If yes girewar or dates of service) Lenhart Drive	
4			FAL
S		18. CAUSE OF DEATH [Effter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:	
0	1	IMMEDIATE CAUSE (a)	17
Ē		Conditions, If eny, which) DUE TO MYDCArdIA 15Chemia 6MON	111
5		gave rise to immediate cause (a), stating the DUE TO	4 .
3	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPS	SY
De	CERTIFICATION	Consertuse Heart Touline anguia YES NO	?
ar	TIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
T C		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bidg., etc.) (City or town) (County))
	ME	p.m. 19 at work at work	_
		21. I certify that (I) (this hospital) attended the deceased from	
		saw the deceased alive on 1965, and that death occurred at M, from the causes and on the date stated about 22a, SIGNATURE 22b. DATE SIGNED	JAG.
		Borge B Patrick M.D. ATTENDING MED. MED. STAFF DIRECTOR PHYS. 0 3-23-66	
		22c. PHYSICIAN'S NAME (Type)	
	23a	BURIAL CREMATION. 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State)	=
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Cremation 26 March 1966 Fort Lincoln Cemetery Prince George's Co. Md.	
9	24.	FUNERAL DIRECTOR AND ADDRESS - 1 255. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
1	U	arner E. Pumphrey, Inc. Silver Spring, Md. OHAR 28 1966 Icharles Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. CDUNTY				1	2. USUAL RESIDEN a. STATE	CE (Where de	ceased lived, If in		idence before	admission)
Montgom	erv		MAR	YLAND	Florid		D. C001	411		
b. CITY DR TOWN	(If outside corporate		c. LENGTH DF STA		c. CITY OR TOWN (I		porate Ilmits, wr	Ite RURAL a	nd give near	est town)
Bethesd		"	35 days	8	Opa-lo	cka		48	_3	
	PITAL OR INSTITUTION	V (If not In hos			d. STREET ADDRESS				e. IS RE	ESIDENCE
The Climber	1 Conton	Dathand	- MA 20	2017	2040 N U	477644	M.		YES	FARM?
3. NAME OF	al Center,		Middle	014	3260 N.W.	176th	Terrace	h		ear
DECEASED				973		OF				
(Type or print) 5. SEX	6. COLOR OR RACE		Marie	- 1 -	DATE OF BIRTH	DEAT.	2202 0			FD 24 HRS
J. JEA	G. COLOR OR RACE	7. MARRIED	NEVER MARRII	ED [] °	DATE OF BIRTH	3	last birthday)	Months [ays Hour	
Female	White	WIDOWED	DIVORC		October 1		34 yrs.			
during most of work	ON (Give kind of work d	one 10b. KIN	ND OF BUSINESS O DUSTRY	R	11. BIRTHPLACE (C	County & State	e, or foreign country	() 12. CIT	IZEN OF WHA	AT
Housewif			one		New Yor	k				
13. FATHER'S NAME					14. MDTHER'S MAI	DEN NAME				
William .	Allen			1100	Estelle	Tryon				
15. WAS DECEASED F	VER IN U.S. ARMED FOR	RCES? 16. S	OCIAL SECURITY N	0. 17. 1	NFDRMANThe M		Recording	ss	100	
	(If yes give war or dates of		Available		Clinical				2001	,
NO I	EATH [Enter only one				CITATEST	Cellcel	, Deciles	Ja, Mu	INTERVAL E	
				–				04.00	ONSET AND	DEATH
17.11.00	ATH WAS CAUSED BY:	(a) Sub-8	rachnoid	Hemor	rhage				6 hou	rs
204.	DUE 1								- 1	
Conditions, if a		b) ACT	te Myelo	genous	Leukemia				15 ye	ars_
gave rise to cause (a), st		ro								
underlying cause	lact	(c)		11111						
PART II. OTHER S 20a. ACCIDENT I OR CONTRIBUTIO OR CONTRIBUTIO OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTIO	IGNIFICANTCONDITIO	NS CONTRIBUT	ING TO DEATH BUT	NOT RELAT	ED TOTHE TERMINAL	DISEASE CO	NDITION GIVEN IN	PART 1(a)		AUTDPSY DRMED? NO
20a. ACCIDENT	WAS UNDERLYING	. 20b. DE	SCRIBE HOW INJ	URY OCCUP	RED. (Enter nature o	f injury in F	art I or Part II	of Item 18.)		
OR CONTRIBUTION	NG CAUSE OF DEAT IFY MEDICAL EXAMIN	H ER)								
	NJURY Month, Day, Y		JURY DCCURRED	20e. PLAC	E DF INJURY (Home, f	arm.\ 20f.	(City or town)	(Cour	ity)	(State)
ZOC. TIME OF I.	4	While at work	Not While		y, street, office bldg.,					
	that 10 (this hosp	ital) attended	d the deceased	fromFet	ruary 7	19 66 . to	March 1	4. 1966	that 10	(we) last
	eased alive on Ma		19 66	and that	death occurred at	3:00 I	rom the causes	and on th	e date state	ed above.
22a. SIGNATUR				und that	40411 00001104 41	A			TE SIGNED	
Hem	a a H	Dun'	0.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	14 N	farch 1	966
22c. PHYSICIAL	V'S	roun	7	M.D.	22d. ADDRESST					
NAME (Ty	pe) Herman	. D God	lwin, Jr.	, M.D.						
23a. BURIAL, CREMA	ATION, 23b. DATE T		23c. NAME OF C				OCATION (City, t			(State)
REMOVAL_ (Spe			Flagler 1			Mia		Flori		,
Burial 24. FUNERAL DIREC		,0	ADDRESS	Jemor 1	l 250 DE		ISTRAR 25b. R			
	neral Home	4308 \$	Suitland		tland MA				Judge	

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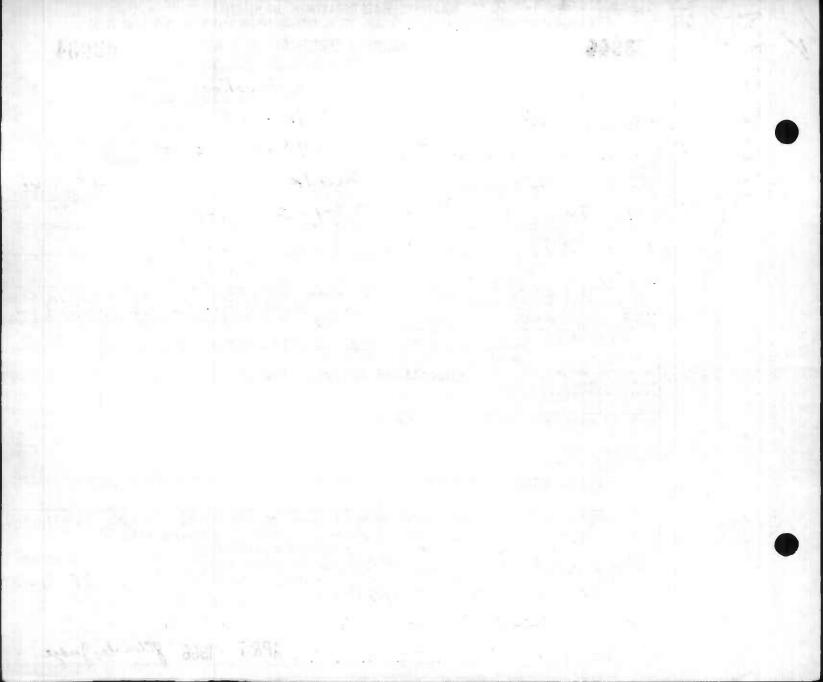
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Page ONTGOMERY delay is MARYLANO Department CLENGTH OF STAY IN 1h outside carparate limits, write RURAL and give nearest town) PM3 after d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs in Item 18. Give Pages 1, with farm e State 72 haur NO X YES This certificate shauld be executed within 24 haurs after death. 3. NAME OF Last 4. DATE Day Year DECEASED OF heodoRE ENGSTROM 66 (Type or print 19 DEATH Office alang S. SEX 6. COLOR OR RACE 7. MARRIED OATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days WHITE Włooweo event and 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INOUSTRY 1.5. A. MICHIGAN METRO Examiner's pages 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME pencil .⊑ FRISK File and 16. SOCIAL SECURITY NO. 17 INFORMANT the certificate, writing the ward "pending" in 4 shauld be farwarded ta the Chief Medical (Yes, na, ar unknown) (If yes, give war ar dates of service remayal. 7-36-0574 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. OEATH WAS CAUSED BY: Cardiac ar INTERVAL BETWEEN ONSET AND DEATH Cardiac arrest following surgical repair ar IMMEDIATE CAUSE (a burial, crematian, Canditians, if any, which gave of ruptured abdominal aortic aneurysm rise to immediate cause (a), OUE TO stating the underlying cause D (with hemorrhage. used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMEO? CERTIFICATION necessary, please execute the certificate, NO p pe 20g. EXTERNAL CAUSE WAS prior 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. its designated agent, 20c. TIME OF INJURY Manth, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (Caunty) Haur a.m. factory, street, affice bldg., etc.) Page ot wark at work 21. I certify that I took charge of the remains described abayon held an Autapsy and in my apinian the funeral director. death resulted from Natural causes Accident Hamicide Undetermined manner may be retained FUNERAL DIRECT CHIEF MEDICAL EXAMINER 22. DATE SIGNED SIGNATURE Health or DEPUTY MEDICAL EXAMINER 1502 Greaton **EXAMINER'S** NAME (Type) Address (Street, city, tawn, ar caunty) 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) . 0 REMOVAL (Specify) Memorial Park 2Sq. RECD BY REGISTRAR 24. FUNERAL OIRECTOR 2Sb 1966 VR A15ME (5) 6M 1/66

MARYPANDISTATE DEPARTMENT OF HEALTH

6M 1/66



BALTIMORE, MARYLAND 21201

WX 11		Division of ST	MARYLAND STATE DEP ATISTICAL RESEARCH AND RECORDS, 301	
7	M	03945	CERTIFICATE	OF DEATH
to la	o to	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where

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-												
	o. COUNTY	Harris Co.			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY							
		ntgomery		MARYLA	ND	Virginia						
	b. CITY OR TOWN (If outside corporate limits	,	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)						
	Write RURAL and	d give nearest town) sda (Rural)		69 days	6.1	Arlington	1		5	73 - 3		
1		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)					d. STREET ADDRESS e. IS RESIDENCE					
6	U. S. Naval Hospital					3201 North Vermont Street YES NO E						
	3. NAME OF	Fir	st	Middle		Lost	4. DAT	E Mant	h	Day Yea		
	(Type or print)	Josep	hine	Tarbell]	FERRELL	OF DEA			7 19		
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UNDER Doys Hours	24 HRS. Min.	
	Female	Cauc	WIDOWED	DIVORCED		Mar. 27, 1890	C	75 yrs.			19101.	
	IOa. USUAL OCCUPATION	(Give kind af wark dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, o	r foreign country)		ZEN OF WHAT NTRY?		
1	during mast of warking HOUS	ewife	INI	DUSTRY		Boston, Ma	assac	husetts	(00	U.S.A		
1	13. FATHER'S NAME	011,22				14. MOTHER'S MAIDEN				***		
	Edmund	Tarbell			10	Emaline S	South	ner				
1	IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ss Vi	rginia		
	(Yes, no, ar unknawn)	(If yes give wor or dates a	t service)		M	rs. John W.	McLa	ain Ferlai	n Farm	s, Madis	on/	
F	I 18. CAUSE OF D	EATH (Enter anly ane cau	se per line far	(a), (b), and (c).)						INTERVAL BETV	VEEN	
	PART I. DEA	PART I. DEATH WAS CAUSED BY: Metastatic carcinoma of the bladder ONSET AND DEATH										
	1810 IMMEDIATE CAUSE (a) DUE TO											
н	Canditions, if ony, which gave) (b)											
		nse to immediate cause (a),									-	
	stating the under	stating the underlying cause									4	
1										19. WAS AUTO	PSY	
	20o. ACCIDENT WA									PERFORME YES 1	D?	
	20o, ACCIDENT WA	S LINDERLYING [7]	1 20h DE	SCRIBE HOW INTURY OCCI	IRRED I	Enter noture of injury in	Part I or	Port II of item 18)		1 110 1		
	OR CONTRIBUTING	CAUSE OF DEATH	200. 01.	SERIDE HOW INSORT OCCO	AKED.	Enter notate of injery in	1011101	Total in di moni 10.,				
		MEDICAL EXAMINER)	1 204 11	JURY OCCURRED 20	no DIA/	E OF INJURY (Home, farm	n. 201	(City or town)	(Cour	du) (c	itate)	
	20c. TIME OF INJ		Mark ite	Mat While		ary, street, office bldg., etc.)		. (City of lowil)	(COU)	(3	ordre)	
-	p.1	m. 19	ot wark	of wark	D	. 00	10/5	1 16 17	10/	1 1-41 /	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
4	21. I certi	ify that (1) (this hos	pital) attend	ded the deceased tr	om 13	death accurred at		, to Mar. 7				
	OO CLONATURE	eceased olive an N			a ma	death accorred at	-0302	Am, main causes			onove.	
	ZZG. SIGNATURE	220. SIGNATURE Colevard C. Dilbert M.D. ATTENDING MED. STAFF WHYS. \(\times \) DIRECTOR \(\times \) PHYS. \(\times \)										
	22. DHYCICIAN'S					U. S. Na	T Cerr	Hospital,	Rethes	da Md		
-						_1						
	230. BURIAL, CREMATION	A		23c. NAME OF CEMETE				LOCATION (City or Tox	wn) (ote)	
	Burial (Specify		-66	Arlingto				rlington		Virgini	a	
	24. FUNERAL DIRECTO	Wheatlev Fr	Bradd	ock Messma	Bu	250. REC'I			GISTRAR'S SIG			
	Everly-	Wheatley Fr	neral	Home /Aleva	nar	ia Va DAMAF	K I I	1966	Marce	Judge		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funer director, page 3 should be detached for use as the burial-transit permit. Then please formave corban papers. Pages 1 or should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after de Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and mean event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)		
	Montgomery	a. STATE b. COUNTY		
	b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town)		
	write RURAL and give nearest town) Kensington	Washington, D.C. 42 3		
B	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS e. IS RESIDENCE ON A FARM?		
	Carroll Hall Sanitarium 10231 Carroll Place	3918 Jenifer St. N.W. YEST NOT		
3.	NAME DF Eirst Middle	Last I 4. DATE Month Day Year		
	Type or print)	LAUME DEATH MARCH 5 1966		
5.		8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.		
	7 WIDOWED A DIVORCED	7/28/84 last birthday) Months Days Hours Min.		
108	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT		
aur	Ing most of working life, even if retired) Housewife	Russia COUNTRY? A.		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	Victor Merjeyevsky	Maria Stroganov		
15	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address		
Cit	es, no, or unkown) (If yes give war or dates of service)	thel Flaume same as #2		
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY	OCCLUSION ONSET AND DEATH		
	4201 DUE TO			
	conditions, If any, which) (b) ARIEROSCher	osis & HypEnlension		
	gave rise to immediate (cause (a), stating the DUE TO	V/		
	underlying cause last. (c)			
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?		
CERTIFICATION	FRACTURES Hip SEPT 1965 COMPL	etely Henled-PT up WALKINGYES NO		
TIF	202 ACCIDENT WAS UNDERLYING TO \$20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature of injury in Part I or Part II of Item 18.)		
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
CAL	for all	ACE OF INJURY (Home, farm, ory, street, office bidg., etc.) (City or town) (County) (State)		
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ory, sit eet, office blug,, etc.)		
-	21. I certify that (I) (this hospital) attended the deceased from	EPTember 1965, to MARCH 1966, that (1) (we) last		
	saw the deceased alive on MARCH 2 1966, and tha	t death occurred at M. M. from the causes and on the date stated above.		
	22a. SIGNATURE	22b. DATE SIGNED		
	Sough & Money M.			
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS		
	SARAH E. GLOVER M.D.	10128 CEDAR LANE KENSINGION		
23	REMOVAL (Specify)			
	burial 3/8/66 Rock Creek	Cemetery Washington D.C.		
24	FUNERAL DIRECTOR ADDRESS	MAP 8° 1000 Cliente Cusas		
1	1 14 Houses (o. 2901 14 St No	DATE AR O 1950 June		
		7,-1		

11. . Dog. . no southearts ELECTION OF STREET Lindbuild the state of the real factors

FOR FOR STATE HEALTH DEPT.

03947

O DEPUTY MEDIX. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. vent within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 of Health or its designated agent, prior to burial, cremation, or removal, and in any ξ TO DEPUTY MEDIS

2

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		0001					
	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)			
1		Mentgomery MARYLAND	a. STATE Mary land b. COUNTY Me	intgrinery			
		b. CITY OR TOWN (If outside corporate limits, write RUR&L and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL	and giva nearast town)			
1		Chery Chase - Years.	Chevy Chase -	15-1			
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
		6402 Rutsen- Rd.	6402 Ruffen Rul-	YES NO NO			
	3.	NAME OF First Middle BECEASEB (Type or print) Thomas F. F.	Lest 4. DATE Month OF DEATH March	Day Year 19 & &			
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In yeers IFUNDER last birthday) Mogths	YEAR IFUNDER 24 HRS.			
I		WIDOWED DIVORCED	12/8/1886 79 yrs. Months	Days Hours Min.			
1	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Cl	TIZEN OF WHAT			
1	uusi	Retired Dentist Medicine		1.5.A.			
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
		James H. Furbershaw	Mary Lawton				
1	15. (Ye:	s, no, or unkown) (If yes give war or dates of service)	INFORMANT 6402 Ruff	in Rd.			
		yes WWL 213-38-2085 M	iriam FurbershawChevy Cha	se. Md.			
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	. ,	INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY: Coronary Insu	ifficency Acute.	Sodden .			
1	1	4201 DUE TO 0	Dia	Years			
	Conditions, if eny, which gave rise to immediate (b) Cardio Vascular Disease						
		ceuse (a), steting the DUE TO					
1		underlying cause last. (c)					
	NO.	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?			
	ICA			YES NO			
	MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF OCUPAINT OF CONTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTIO	RRED. (Enter nature of injury in Part I or Pert II of Item 18.)			
	AL.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)			
		While Not While	ry, street, office bldg., etc.)				
	2	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion					
			cide , Homlcide , Undetermined manner				
		CHIEF MEDICAL EXAMINER					
		ACTUAL SIGNATURE ON BOLL M.D. ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED					
9			DEPUTY MEDICAL EXAMINER 2 3/3/6	6			
		EXAMINER'S NAME (Type) John G. Ball, M.D.	Address (Street, city, town, or county) Bethes				
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Cremation 3/4/66 Cedar Hill					
	24.	FILINERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR				
0		Robert A. Pumphrey Bethesda, Md.	MAR 10 1966 Charles	Judg			
7			1000	11-0			

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MARYLAND STATE DEPARTMENT OF HEALTH

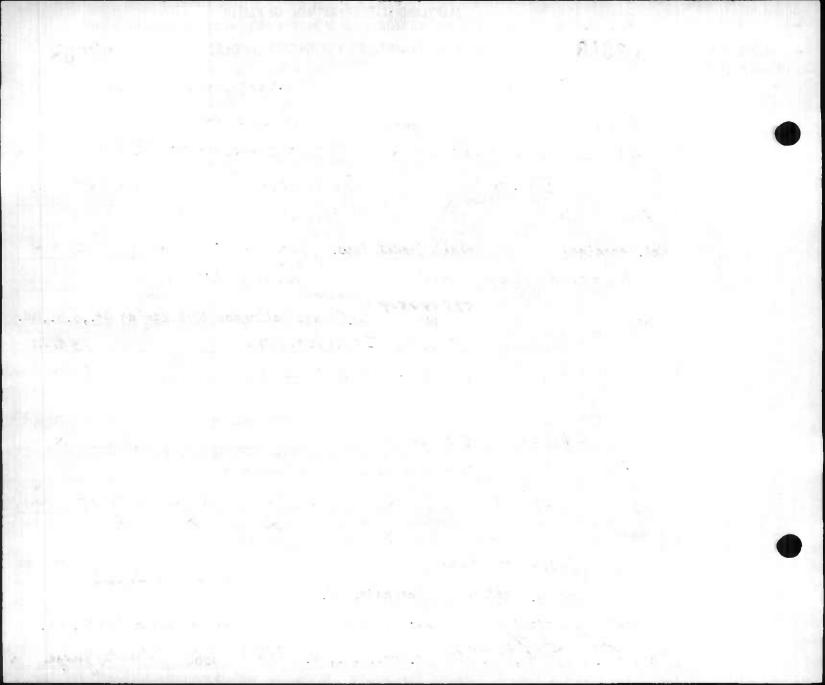
delay is

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MESTAL EXAMINER:

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		03948 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3938
IEALTH DEPT.	1.	PLACE OF DEATH a. COUNTY Nont gonzery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE Maryland). b. COUNTY Me	
ay is 3 to Page Page enth.			ntgenzery
f vny delay 1, 2, and 3 m PM3. Pa Department rs after deat		b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give write RURAL and give nearest town)	neorest town)
2, and PM3. PM3. partme		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS	6. IS RESIDENCE
th. If vmy delay is ges 1, 2, and 3 to form PM3. Page ate Department of hours after death.		263 Congressional Lane 263 Congressional Lane	
State	3.	NAME OF First Middle Last 4. DATE Month	Doy Year
after death 8. Give Page along with along with the Sta		OFFICE OF DEATH March	29 1966
afte alan alan alan alan alan alan alan ala	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lighthday) Months Months	YEAR IF UNDER 24 HRS. Days Haurs Min.
Hem Item Office	100	USUAL OCCUPATION (Give kind of work done 10h KIND OF RUSINESS OR 11 RIRTHPLACE (State or foreign (quinty) 12 (17)	ZEN OF WHAT
s s	K	et. Secretery Retail Credit Assa. Washington De COU	NTRY 21.SA.
I within 24 n pencil in I Examiner's (File pages 1 and in any	13.	FATHER'S NAME Patrick Callacher 14. MOTHER'S MAIDEN NAME Mary Dean.	
I wit Exan File and	15	Patrick. Gallagher Mary Dean. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Ye	is, ng. grunknawn) ((If yes give war ar dotes of service)) 27 9-14 1509	CC Md
execute Inding" Medical permit.	H	No. W. Edward Gallagher 2018 Lanier D. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
be "pe "pe nief ansit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STOOKE Inhalation	ONSET AND DEATH
certificate shauld be executed, writing the ward "pending" is arwarded to the Chief Medical used as a burial-transit permit. burial, cremation, ar remaval,		9160 DUE TO Conditions, if any, which gave) (b) Fire-in APartment.	30/Min .
cerificate shauld writing the ward warded ta the C warded as a burial-troucial, cremation,		rise ta immediate cause (a), (DIE TO	201 11
ing the ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to ded to d		stoting the underlying cause (c)	
certific writing arwarde used as burial,	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
his cate, e fare for to b	CERTIFICATION	· CAFrosis. Of Liver.	YES NO
Thi ifficate d be old be iar to	RTIF	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II af item 1B.) Set Fire to Chair- while smaking.	
INER: 1 e certific shauld b files. 3 should int, priar	AL CE		(5)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City at town) (Country of the bldg., etc.) 20f. (City at town) (Country of the bldg., etc.) 20f. (City at town) (Country of the bldg., etc.)	17
R: Pog		21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	ond in my opinion
IESTCAL EX asse execut irectar. Pag ained far y IRECTOR: Po designated		deoth resulted from: Noturol couses, Accident [X], Suicide, Homicide, Undetermined monner	
MES lease direction tain des		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL CHI	22. DATE SIGNED
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o DEPUTY MESTAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far yaur D FUNERAL DIRECTOR: Page Health or its designated age		NAME (Type) John G. Ball MD Bethesda, Md. Address (Streel, city, lown, ar county)	
necessary, the funera 5 may be TO FUNERA Health or	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	County) (State)
- E	0.4	Burial 3/31/66, Fort Lincoln Prince george Con	
VR A15ME (5)	9	ADDRESS 250. REGISTRAR 256. REGISTRAR 256. REGISTRAR'S SIG	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician on completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

ON OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

ON OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET BALTIMORE 1, MARYLAND

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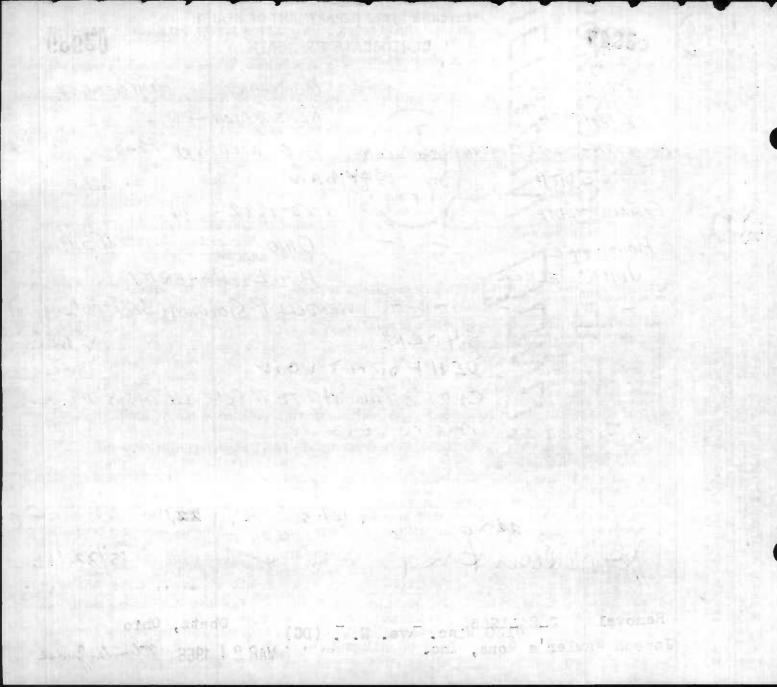
ON OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH 9. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence to a. STATE b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).	C. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
Write RURAL and give nearest town. 4 Months	KENSINGTON Rural 15-	/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS e.	IS RESIDENCE
BETHESDA-SILVER SPRING NURSINGHEME	9910-WILDWOOD ROAD YE	ON A FARM?
3. NAME DF First Middle	Last 4. DATE Month Day	Year
(Type or print) EDITH D, GAY	The DEATH Mar. 22, Ab,	19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR II last blirthday) Months Days	Hours Min.
FEMALE WHITE WIDOWED DIVORCED	1-13-1382 34 yrs.	
10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN O	
Plous EWIFE 13. FATHER'S NAME	OHIO (Franklin County) 4.5, F	7.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOHN DECKER	ADAL. DOHERITY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17 (Yes, no, or unkown) (If yes give war or dates of service)	. INFORMANT Address	
295-40-5+62	NENDELL P. Gayman (SEELTEM*2	(above)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTER	VAL BETWEEN T AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5 HOCK		no
334X DUETO DELLISTS	7:00:	0
	TION	7.
gave rise to Immediate cause (a), stating the DUE TO	AD 75 7 501 65 15	
	ARTERIOSCLEROSIS 1-20	Jus.
1000	•	WAS AUTOPSY PERFORMED?
DIABETES MELLITI	YES	□ NO □
☐ 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
While I would while	tory, street, office bldg., etc.)	
	10/12 10/1/ 27 Mas 10/6 11.	1 (I) (ma) (ash
21. I certify that (I) (this hospital) attended the deceased from 1966, and the	to 22, When, 1966, the at death occurred at M, from the causes and on the date	
22A SIGNATURE	22b. DATE SIGN	
1 Harlad William Von	D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. 3/22	160
224. PRYSICIAN'S	22d. ADDRESS	106
/V NAME (Type) Horace Wright Bernton	4743 Bradley Blvd., Chevy Chas	e, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
Removal 302401966. Obetz Luther	an Cemetery Obetz, Ohio	
24. FUNERAL DIRECTOR DISC. ADARGO. N.	W DO 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNAT	TURE
Joseph Gawler's Sons, Inc. Washing	DA, D. GOMAR 24 1966 Scharles Que	del

VR AI5 (4) 20M 1/65



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay increasing please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages It and with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMOR	RE 1, MARYLAND
950			CERTIFICATE		03940

		03950	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	03940
	1.	PLACE OF DEATH	ionser:	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased lived, If institution b. COUNTY	n: Residence before admission)
1		b. CITY OR TOWN (if outsi	de corporate /mits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate limits, write Ri	
1		Rockvi		742	Rocku	ille.	15-1
r		d. NAME OF HOSPITAL OR	INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS	11.	e. IS RESIDENCE ON A FARM?
			ent-tord x	id-	3103 13	rent word-	YES NO A
	3.	NAME OF DECEASED (Type or print)	12rtha	Middle	Geick	A. DATE Month OF CH	
	5.	SEX 6. COLOR	OR RACE 7. MARRIED	NEVER MARRIEO	B. OATE OF BIRTH	last birthday) Mont	THE DAYS HOURS Min.
	100	4e W	WIDOWED			56 79 yrs. 4	3/
1	dur	. USUAL OCCUPATION (Give Ing most of working life, ev	en If retired) INI	DUSTRY	0		2. CITIZEN OF WHAT COUNTRY?
ŀ	13.	rapping Cle	rk	Mill	1 14. MOTHER'S MAIDEN		743.
		Herman	Wait -		There	SA MONTOG	
1		WAS DECEASED EVER IN U.S		OCIAL SECURITY NO. 17.	INFORMANT	Address	
1	(16	s, no, or unkown) (If yes give	war or dates of service)	3-05-3429	Mrs Bard	on . 50014.31	abore-
1			ter only one cause per lin	e for (a), (b), and (c).]		A 1	INTERVAL BETWEEN ONSET AND DEATH
		1 4 .	CAUSED BY: ATE CAUSE (e)	ronaryI	nsufficer	rcy Acute-	Sudden.
		Conditions, If eny, which	OUE TO	ardio Vasc	In a Dee.	0710	years
1		gave rise to immediat	0 (505 70	ar an v esc.	0181 113		
	9	ceuse (a), stating th underlying ceuse last.	(c)				
	CATION	PART II. OTHER SIGNIFICAT		TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
	CERTIFICATION	20a. EXTERNAL CAUSE W PRIMARY OF CONTRIBU CAUSE OF DEATH.	TING 20b. Di	ESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of In	Jury In Part I or Part II of Iter	
	MEDICAL	20c. TIME OF INJURY M Hour a.m. p.m.	onth, Day, Year 20d. IN. While 19 at work	JURY OCCURRED 20e. PLA facto	CE OF INJURY (Home, farm ry, street, office bldg., etc.) 20f. (City or town)	(County) (State)
4		21. I certify that I t	ook charge of the rema	ins described above, hel	ld an Autopsy 🔲, 🛘	Inspection X, Inquiry [🗷, and in my opinion
		death resulted from:	Natural causes 💢,	Accident, Sui	cide, Homicide	, Undetermined man	ner
	F	ACTUAL O	0 0 0	00	CHIEF MEDICAL E		22. DATE SIGNED
		SIGNATURE	m 13.13	ell	M.D. ASSISTANT MEDIC DEPUTY MEDICAL	71-	7 1 2 2
		EXAMINER'S JO	HN G. BALL			20	hesda, Md.
	23e	BURIAL CREMATION . 2	3b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town of	
	C	remation	3-10-66		Crematory		Maryland
	24 D		MPHREY Be	AODRESS ethesda, Mar		11 1966 Peristra	RAR'S SIGNATURE
1	L	ODDINI A. IU	TILLIEUE I De	- chesua, Mai	ryland OAMAR	1 1 1300	00

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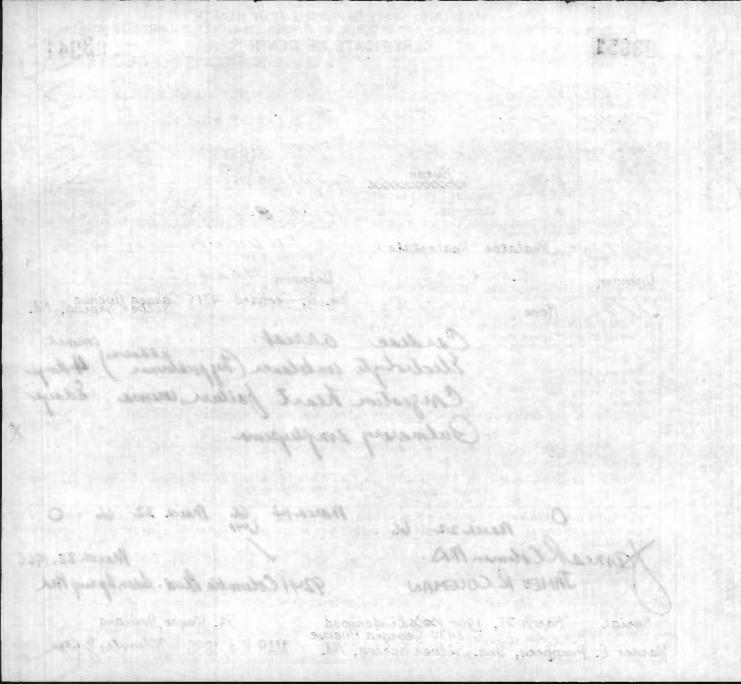
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 03951

PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
MONTGOMERV MARYLAND	a. STATE b. COUNTY MONTGOMERY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) TAKOMA RORK 8DAYS	# 5 11 - 1 - DD 111 1 = 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS 6. IS RESIDENCE
	ON A FARM?
WASH SANITHIRIUM + HOSP	1915 IAKONA SIRE YES NOW
3. NAME OF First Buron.	Last 4. DATE Month Day Year
(Type or print) GEORGE BURNOUGO 6	BERNARD DEATH 3 22 1960
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	12-15-82 Wast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	INDIANA COUNTRY?
13. FATHER'S NAME Realestate	14. MOTHER'S MAIOEN NAME
13. PATHER S NAME	2 11 2
Unknown GIRHARD	Unknown TARRIC
(Yes, no, or unknown) (If yes nive war or dates of service)	INFORMANT CALLED Address
10 None 313-34-1422	Im D. Gerhard 9715 Jakona Avenue Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND OEATH
10.11	avely.
Conditions, If any, which) DUE TO Electrologie	implaner (his problemin) & day
Genditions, If any, which gave rise to immediate (b)	convocation () Tauge
cause (a), stating the DUE TO	Theat bailers wrenia Sdays
underlying cause last. (c) whytelier	reace passes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO FEATH BUT NOT RELA	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO COULD OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	mplusem. YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRREO. Enter lature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto p.m. 19 at work at work 20d. INJURY OCCURRED 20e. PLA facto 20d. INJURY OCCURRED 20e. PLA facto 20d. INJURY OCCURRED 20d. INJURY OCCUR	vry, street, office bldg., etc.)
	March 14, 1966, to March 22, 1966, that @(we) last
saw the deceased alive on Much 22 1966, and that	t death occurred at 604PM, from the causes and on the date stated above.
22a. /SIGNATURE	22b. DATE SIGNED
Mes Coleman M.D. M.D.	D. ATTENDING MED. OIRECTOR DAYS. DIMENCH 22, 1966
ZC. PHYSICIAN'S TO	22d. ADDRESS
NAME (Type) JAMES 12. COLEMAN	9241 Columbia Blod, Selvy Apring MA
3a. BORIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	od It. Wayne, Indiana
Burial March 25, 1966 March Lindenwo 24. FUNERAL OIRECTOR March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 25, 1966 March 26, 1966 March 25, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26, 1966 March 26	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Maria & Daniel Silve & Saring	Md MAR 2 4 1966 Ochanles Judge

VR A15 (4) 20M

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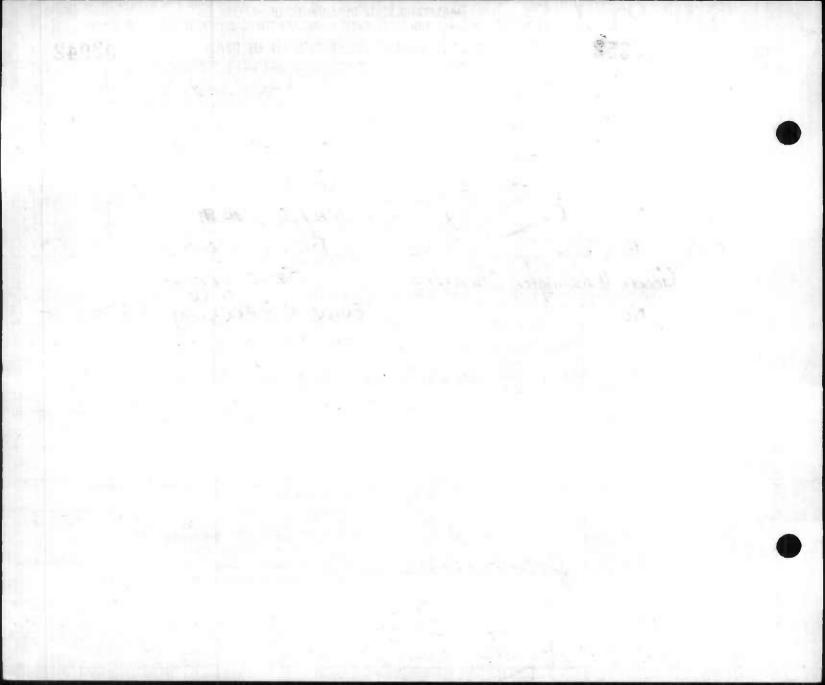
FOR STATE deloy is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with farm PM3. Page and 2 with the State Deportment of ent within 72 hours after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If Health or its designated ogent, prior to burial, cremation, or remaval, and 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03957		MEDICAL EXAMINE	R'S CERTIFICATE O	F DEATH	113942
1. PLACE OF DEATH o. COUNTY	ontacme	RIL MARYLA	o. STATE	Where deceosed lived, if institution b. COL	ution: Residence before odmission) JNTY ON + Some Ry
b. CITY OR TOWN write RURAL	(If outside apporate limits, od give neorest town)	c. LENGTH OF STAY IN		KUILLE	JRAL and give negrest town)
d. NAME OF HOSP	TAL OR INSTITUTION (IF not	in hospital, give street oddress)	d. STREET ADDRESS	TONE ST	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle Middle	GILES	PERMIT	rch 3 1966
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH MAY.30 1	9. AGE (in years birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
during most of working	ON (Give kind of work done g life, everyif retired) WIFE	10b. KIND OF BUSINESS OR INDUSTRY NONE	BROOKE	or toreign country)	12. CITIZEN OF WHAT COUNTRY? 45
13 FATHER'S NAME TECRESE U	Ashington	Swailes	14. MOTHER'S MAIDEN !!		
1S. WAS DECEASED EV (Yes, no, or unknown)	(ER IN U.S. ARMED FORCES? (If yes give war or dotes of s	ervice) 16. SOCIAL SECURITY NO.	EMILY M H	9RRICALI	915 Stone St
	DEATH (Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	per line for (o), (b), and (c).) Cardiac D	e com Pensa	tion. Aeut	ONSET AND DEATH
Conditions, if on rise to immedia	ite couse (a)	cardio V	oscular Di	Se234 -	yezis-
stoting the und	erlying couse DUE IC	Chronic	Chamit	Grant Sh	sens 30+ pc
CATION	obesit	TRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO
CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury in	Port I or Port II of item 18.)	
Hour o	JURY Month, Doy, Yeor .m. 19	20d. INJURY OCCURRED 2: While Not While of work of work	De. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)		(County) (State)
ACTUAL SIGNATUREEXAMINER'S	Ited fram: Notural	of the remains described aborcauses , Accident , , , , , , , , , , , , , , , , , , ,	Suicide , Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL DEPUTY MEDICA	Undetermined n EXAMINER CI ICAL EXAMINER CI IL EXAMINER CI IL EXAMINER CI III	uiry and in my opinion nanner 22. DATE SIGNED
230. BURIAL, CREMATI REMOVAL (Specif	121 3/6/6	OF 23c. NAME OF CEMETE	on Cemeter	city, town, or county) 23d. LOCATION (City or To	own) (County) (Stote) On Montg Ma
Kobert	L. Drow	len Kockvill	10, MICH DANGAR		Clarifa Judge.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()394

03999	CERTIFICATI	E UF DEATH		1103443
PLACE OF OEATH A. COUNTY		2. USUAL RESIDENCE (Where decease		sidence before admission)
M +	MARYLAND	a. STATE	b. COUNTY	0.00
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpor		and give nearest town)
write RURAL and give nearest town)	D. O. A.	C.14== C=	1 10 5	1,000
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS	1119	e. IS RESIDENCE
Washington San + H	osp.	0012 2	ng Rd	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Archibald	Middle (Last 4. DATE DF DEATH	Month Mar.	Day Year 20 1966
5. SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH 100019 A	AGE (In years IF UNDER I	
Male White WIDOWED	DIVORCED	Sept. 2, 1988 3	ast birthday) Months	Days Hours Min.
	D OF BUSINESS OR USTRY	11. BIRTHPLACE (County & State, or		TIZEN OF WHAT
111111111111111111111111111111111111111	nestic.	Aspen, Md	. u	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
James Gill	Manual Property	Annie Ran	leu	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC (Yes, no, or unkown) (If yes give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT	Address	
No None	JES MI	-s. Annie Gil	11 - wite	
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	vite Coro	nory Insuff	icien cy	ONSET AND DEATH
4201 DUE TO				
Conditions, If any, which) (b)	rouic Cor	onary Octeros	51'5	10 yrs.
gave rise to Immediate cause (a), stating the DUE TO	1.	69.1		
underlying cause last. (c)	novalized	Arten'oscheros,	15-	20 c/10
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 202. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDIT	FION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICAT				YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part	I or Part II of Item 18.)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
3 20c. TIME OF INJURY Month, Day, Year 20d. INJU	JRY OCCURRED 20e. PLAC		ty or town) (Cour	ity) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJU While a.m. 19 at work	Not While at work	ry, street, office bldg., etc.)	1	
21. I certify that (I) (this hospital) attended		3/18 1937 to	3/20 19/01	6, that (!) (we) last
saw the deceased alive on 3/20			the causes and on th	
22a. SIGNATURE		18	the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	TE SIGNED /
Medlesewake	(les) M.D.	ATTENDING MED. DIRECTOR	STAFF PHYS. STAFF	120/66
22c. PHYSICIAN'S	11 7	22d. ADORESS	010	2.1
Mic. Shoem ak or	. 19,1	1011 Dalo Am	e sum Tp	we ned -
23a. BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCA	TION (City, town or cou	nty) (State)
Burial March 23, 1966	Gate of Heave	en Silver		ryland
24. FUNERAL DIRECTOR 84	34 GEBESSIA Ave.		001 1	SIGNATURE
Warner E. Pumphrey, Inc. Si	lver Spring, 1	Maryland AK 24 198	56 Janes	Judge

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AND THE RESERVE AND ADDRESS. A HANDER AND COMPANY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR 0.17 00

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03944

1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY		
MONTGOMERY MARYLAND	o. STATE b. COUNTY ONT.		
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)		
SILVER SPRING since 1940	SIWER SPRING		
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?		
802 WAYNE AVENUE	802 WAYNE AVE. YES NO IL		
3. NAME OF DECEASED (Type or print) RAILEY A. G	SLADMON ATE Month Day Yeor DEATH MARCH 1966		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH JUNE 1, 1888 9. AGE (In years last birthdoy) 7. Age (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) RETIRED → PRESSMAN 13. FATHER'S NAME	WASHINGTON, D. C. U.S.		
RUDOLPH GLADMON	ELIZABETH MITCHELL		
	FORMANT Address		
(Yes, no, or unknown) (If yes, give war or dates of service)			
	IRS. EMMA A. GLADMON SAME AS #2		
18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (0) ARTERIOSCLE	ROSIS, GENERALIZED 154RS.		
DUE TO			
Conditions, if any, which (b)			
gave rise to immediate cause (a), stating the under-			
lying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
206. ACCIDENT WAS UNDERLYING CORECT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part ar Part of item 18.)		
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED face with the street of wark of wark of wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at wark 19 at w	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) 20f. (City or town) (Caunty) (State)		
21. I certify that (I) (this haspital) attended the deceased fram.	10/23 1059 to MARCH 1 1966 that (1) we) last		
	death accurred a M. fram the causes and an the date stated abave.		
22o. SIGNATURE	22b, DATE		
Jamesa, Roberts	M.D. PHYS. ATTENDING MED. STAFF PHYS. ARCH 1, 14		
22c. PHISHEIAN'S NAME (Type) TAMES A. ROBERTS	22d. ADDRESS B907 GEO. AVE. SILVER SPRING, MD.		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (Slote)		
BURIAL 3-4-66 GATE-OF-H			
24. FUNERAL DIRECTOR'S SIGNATURE TO COLLIN ADDRESS WASH.	D. C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
FRANCIS J. COLLANS 3821 14TH. ST.	N. W. MAR 3 1968 Scharles Judge		

page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATJENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in

VR A15 (4) 15M 9/59

A HIGH TO THE CONTROL OF TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH Street Philyd ... since 1910 Shuff Links AVAR TOB THE THEFT THE WAS A Mariagna - Gartran Zaliza a la Moronaliana STS-ES-ES-ESE DES. TOTA F. CLAIMEN SAME AS 42 Product of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03955 CERTIFICATE OF DEATH				
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)		
	MONTAMON WARYLAND	a. STATE Washing TOWNY	D.C.		
	b. CITY OR TOWN (if outside corporate limits. / c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL.	and give nearest town)		
1	Sylle Puller Spring Imonth 2d	avs Washington	473		
	d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE		
1	FOLY Cross Hospital	4/03-W ST. N.W.	YES NO NO		
3.	NAME OF First Middle	A DATE Month	Day Year		
	(Type or print) Herschop	Glass DEATH March	27 19 66		
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER: last birthday) Months	Days Hours Min.		
1	10/0, White WIDOWED DIVORCED	1/26/06 59 yrs. Worldis	Days Hours Will.		
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT		
	Electrician.	MOUSOUN	1SA		
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	James Wylney Glass	Ethel Powell			
		INFORMANT Address	-		
1	(if yes give mar of dates of service)	reda Wiesenmyer Glass - Se	reItem 2		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Journal	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carolio uas cur	enter en Lailer	ONSET AND DEATH		
3	2/22		6 years		
	Conditions, If any, which	olic thank disease	0 0 0 - 0		
	gave rise to Immediate	2001 + 5			
	underlying cause last.	meet wis seller	PAGE 1		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY		
CERTIFICATION	1) - severe and	unia .	PERFORMED?		
TE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)			
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
1	2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Coul	nty) (State)		
MEDICAL	Hour a.m. While Not While	tory, street, office bldg., etc.)			
Σ	p.m. 19 at work at work	1: 1 20/5 3 33 40/	*		
	21. I certify that (I) (this hospital) attended the deceased from				
	saw the deceased alive on 3-27. 1966, and the	at death occurred at 10 PM, from the causes and on th	ATE SIGNED		
	100000 Trans	ATTENDANC . MED STAFF	-28.66		
	22c. PHYSICIAN'S NAME (Type) Veronika Troost, M. D.	10236 New Hampshire Ave.	.s.s.Md.		
23:	RUDIAL CREMATION 23h DATE THEREOF 23c NAME OF COMETER				
-30	PEMOVAL (Specify)	-1. 0			
24	FUNERAL DIRECTOR ADDRESS	CON CEMETERY Macon, Missour			
	Joseph Gawler's Sons, Washington.	244 0 4 202 4			
1	GOMTOT A DOME MARITUE COU	Dava DARENI U I 1000 A	my your		

VR AI5 (4) 2DM 1/65

4.251 Washington D.C. montgimery SILVER SPRING IMANY RADYS Holy Cross Hospital 4103-10 St. N.W. Herschell W. Glass March 27 EL 7/36/66 89 make white Mousoup KisiA. Electrician STATE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE Werenike Troopt, M. D. 20088 Nor Hemonike Ave., S. J. M. Seniovet Technical Maken Cometerny Maken, Mitterstate Maken Joseph Bayler's Sons, Magatur on, D.C. wild I.I. Bay wife to Days

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND

03956		CERTIFICATE	OF DEATH	(1)	3946
1. PLACE OF DEATH	tgomery	MARYLAND	2. USUAL RESIDENCE (Where dec	ceased lived, if institution: Residen b. COUNTY	ce before odmission)
b. CITY OR TOWN (b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Bethesda, (rural) 172 days			parate limits, write RURAL and giv	e nearest tawn)
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in he	aspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
U.S. Nava	1 Hospital Bet	chesda, Maryland	150 Boone Av	ve.	YES NO K
3. NAME OF DECEASED (Type or print)	First	Middle John (GOODMAN, III OF		Day Year 25, 1966
S. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthdoy) Months	
Male	Cauc. WII	DOWED DIVORCED	5 AUG 1944	21 yrs.	Doys Hours Min.
10o. USUAL OCCUPATION during mast of warking USMC	N (Give kind af work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or Princeton, Gibs	CO	TIZEN OF WHAT SUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Fran	k GOODMAN,		Virginia ROBI	BS	
1S. WAS DECEASED EVE	ER IN U.S. ARMED FORCES?		INFORMANT	Address	ACAMB S
(Yes, no, ar anknown)	(If yes give war ar dates of servi	521-58-5454 Fra	ancis J. GOODMAL	N Same as #2	
	EATH (Enter only one cause per ITH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (, which gave) (b)	line for (a), (b), and (c).) Carcinomatosis Adenocarcinoma of	f the prostate		INTERVAL BETWEEN ONSET AND DEATH
rise to immediat stating the underlast. PART II. OTHER SI	te cause (a), erlying cause (c)	BUTING TO DEATH BUT NOT RELATED TO		GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIO					YES WO
(IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or	Port II of item 18.)	
Hour a.	m. 19	While Nat While at work	tary, street, affice bldg., etc.)		unty) (State)
saw the d	leceased alive an 25 1	attended the deceased fram 4 MAR 1966, and tha	OCT , 1955 t death accurred at 1:00	A, fram causes and an t	66, that 🚜 (we) last he date stated abave.
22a. SIGNA UR	aurune G	. Your M.	D. PHYS. MED. DIRECTO	STAFF STAFF	ATE SIGNED MAR 1966
22c. PHYSICIAN'S NAME (Type	Lawrence A. J	ones	U.S. Naval F	Hospital, Bethe	sda, Md.
23a. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 23b DATE THEREOF	23c. NAME OF CEMETERY OR Highland Mer	CREMATORY 23d.	tocation (city or Town) Mt. Carmel. Il	(County) (State)
24. FUNERAL DIRECTO	OR /	ADDRESS	2So. REC'D BY REG	ISTRAR 2Sb. REGISTRAR'S	SIGNATURE
W.W. CHAME	BERS, 1400 Cha	pin St., Wash., D.	.C. DAMAR 28	1300	And I

W.W. CHAMBERS, 1400 Chapin St., Wash., D.C.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03957			CERTI	FICATE	OF DEATH			113	947
1.	PLACE OF DEATH o. COUNTY	ontgomery		MAI	RYLAND	2. USUAL RESIDENCE (No. STATE Virg		d, if institution: R b. COUNTY	esidence befo	re odmission)
	b. CITY OR TOWN (I	f outside corporate limit	s,	c. LENGTH OF STAY		c. CITY OR TOWN (If ou		s, write RURAL or		
	Bethesd	a (rural)	4 to 1 to 1	46 days		d. STREET ADDRESS	burg		8 -	e. IS RESIDENCE
		at DR INSTITUTION (If no aval Hospit		live street oddress)			iels Stre	eet		ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)		st arlotte	Middle H.	G	Lost OODNOW	4. DATE OF DEATH	Month March	Doy 30	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		3. DATE OF BIRTH	9. AGE (NDER 1 YEAR	IF UNDER 24 HRS. Hours Min.
_	emale	Cauc	WIDOWED	DIVORC	ED S	ept. 21,191	9 46	yrs. 6	_	
du	ring most of working Housew			ND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County Odessa,	New York	untry)	12. CITIZEN O COUNTRY T US	?
13	. FATHER'S NAME Edward	T. Halpin				14. MOTHER'S MAIDEN I				
15 (Y	. WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates o	of service) 16.	SOCIAL SECURITY NO. 51-18-6791		Mr. Harold	J. Goodno		eesbur aniels	
		ATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	٨٥	(o), (b), ond (c).) cute perit	oniti	S				TERVAL BETWEEN NSET AND DEATH
	578X DUE TO									
	Conditions, if ony, which gove rise to immediate cause (o), DUE TO									
	lost. (c)									
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?									
SATIO	Diabe	tes Melli	tus					100	١	YES 3. NO
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in	Port I or Port II of i	tem 1B.)		
MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	20d. II While			E OF INJURY (Home, form ory, street, affice bldg., etc.)		or town)	(County)	(Stote)
	21. I certify that (1) (this haspital) attended the deceased fram Feb. II., 19.66, ta Mar. 30., 19.66, that (1) (we) lass the deceased alive an Mar. 30. 19.66, and that death accurred at 745A, M, fram causes and an the date stated above									
	220. SIGNATURE M.D. ATTENDING DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR									
	22c. PHYSICIAN'S NAME (Type)	P. B. Bla	ınchard	, M. D.		V. S. Nava	l Hospita	1, Beth	esda,	Md.
23	o. BURIAL, CREMATIC REMOVAL (Specify BULT 1		EREOF 3/31/6	23c. NAME OF CEN		Cemetery		(City or Town) sa, New	(County York	y) (Stote)
24	4. FUNERAL DIRECTO 7557	RR. A. Pum Wisconsin	ohrey F	uneral Hosethesda,		ADD	BY REGISTRAR 1966	25b. REGISTR	ar's signatu	RE udge
									- (/-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after deal Page 4 may be retained by the haspital ar attending physician.

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VR A15 (4) 20 M 1/66

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral and 2 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. a. CDUNTY a. STATE b. COUNTY Pages 1 urs after MONTGOMER the MARYLAND 0 b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) carbon papers. Pagent, within 72 hours SILVER SPRING E d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE ON A FARM? NO X etely completely ve carbon 3. NAME DF DATE First Month Middle DECEASED (Type or print) DEATH 19 6. COLDR DR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) | Months | Days ale WIDOWED DIVORCED 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician ease during most of working life, even if retired) INDUSTRY COUNTRY? and Ret. Mechanic Asbestos Installator Washington D physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical phy 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME removal attending parmit, Then Joseph L. grant Josephine Mace 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. INFORMANT permit. 0 Georgia Hue .. (Yes, no, or unkown) | (If yes give war or dates of service) Duanette A. cremation, None been signed by the burial transit for to burial, cremat 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (a)_ physici DUE TO Cenditions, If any, which (b) gave rise to immediate attending DUE TD cause (a), stating the underlying cause last. has 38 ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY use for use Health PERFORMED? certificate 0 TERIOSCIEROSIS NO I YES PHYSICIAN: 1 the hospital CERTIFI 2Da. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o d this CAL 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED | 2De. PLACE OF INJURY (Home, farm. (State) 20f. (City or town) (County) factory, street, office bldg., etc.) a. After Hour a.m. MEDI While Not While 2 at work at work p.m. ned the 21. I certify that (I) (this hospital) attended the deceased from_ 1966 that (I) (we) last OIRECTOR: age 3 should iled with the and that death occurred at 623 M, from the causes and on the date stated above. retai saw the deceased alive on. 22a. SIGNATURE DATE SIGNED 22b. pe 66 page ATTENDING STAFF PHYS. DIRECTOR PHYS. director, pa 22c. PHYSICIAN'S 22d. ADDRESS Flower Ave. Samuel A. Hillman BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) rince George County REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. VR A15 (4)

1/65

Transignarsey AND STREET SE CONTRACT WASHING TO W SPERIE SPRING MELY CROSS TO THE WEST WITH THE WEST SELECT CONTRACT OF THE SECOND 4-5084 1 84 = 1 Male White Token L. Market How York Strategy Franciskers, Johnson West, Briefly Same Life, Williams VIII - 1629 Place title, See, 176. Alexander of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST HEALTH	TATE DEPT.
ry deloy is and 3 to PM3. Poge	artment of fter death.

24 hours after deoth.

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This certificate should writing the word

AL EXAMINER:

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Chief Medical Examiner's

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ate Department hours within 7 lond 2 event poges 2 File puo permit. removol. burial-transit 0 cremation, 0 05 burial, used 0 prior 3 should ogent, its designoted

moy be retained for your FUNERAL DIRECTOR: Page TO FUNERAL Health or i

03953 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside conforate limits c. LENGTH OF STAY IN 16 corporate limits, write RURAL and give nearest town write RURAL and give nearest town HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? YES NO D 3. NAME OF First Middle DATE Month DECEASED OF DEATH (Type or print) SEX 6. COLOR OR RACE AGE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED (In years Lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DUE TO Carolio Vascular Disease 41215 Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work Inspection , 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry X and in my opinion deoth resulted from: Natural causes Suicide 🗌

DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION BUREMOVAL (Specify) 3/18/66 Arlingtin Nat. Cem.

Jos. Gawler's Sons. Washington, D.C?

23d. LOCATION (City or Town)

Undetermined monner

(County) (Stote)

22. DATE SIGNED

24. FUNERAL DIRECTOR

ACTUAL

SIGNATURE

ADDRESS

Accident .

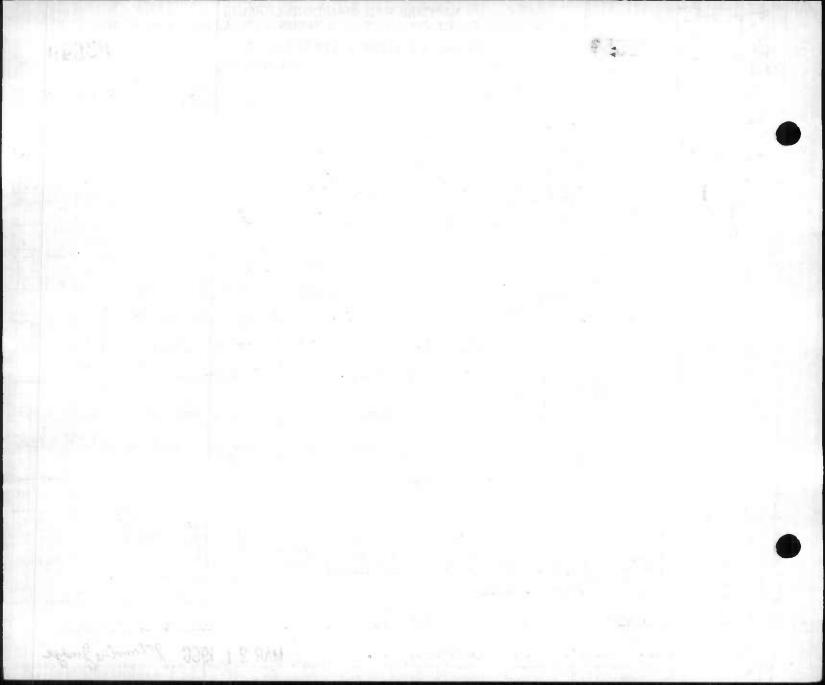
2So. REC'D BY REGISTRAR 1966

Hamicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

Arlington, Virginia 2Sb. REGISTRAR'S SIGNATURE ocharles



death.

after

hours

within

pe

certificate

death

that the

The law requires

PHYSICIAN:

funeral and 2 death the Pages by ve carbon papers. Pag event, within 72 hours = filled completely remove in any and attending physician rmit. Then please and removal. cremation. been signed by the the burial-transit or to burial, cremati as th has for use Health certificate the

OIRECTOR: age 3 should led with the page

the aut. or attending physician. the hospital After this certury of H retained by pe TO HOSPITAL Page 4 may TO FUNERAL director, p

CERTIFICATI

CAL

24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomer ma Montgomer MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corperate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Dar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Ta Kom d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X YES tatium NAME OF Last DATE Month First Middle 4. Day DECEASED 3 1966 (Type or print) DEATH & nora cm; ma Groga AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 5-WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? US irginia DIUNHE west 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jemimah 0 omon CTT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) a H050 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 260 DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES X NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) Hour a.m. While at work p.m. 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1.00 M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) Bross Robkin LOCATION (City, town or county) (State) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) Sulphur Springs Buria Hattner

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of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the s MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon popers. Poges 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

	03961		CERTI	FICATE	OF DEATH			03951
1.	PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (V	Where deceosed lived, if institution b. CO		before odmission)
	Mon gome cu			RYLAND	MARYI	AND 1.	nonT9	omery
	b. CITY OR TOWN (If autside carporate lim	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN OF au	tside corporote limits, write R	URAL and give r	nearest tawn
	write RURAL and give nearest tawn)		4 day	15.	BeTh.	esda	11	
	d. NAME OF HOSPITAL OR INSTITUTION (IF	at in haspital	, give street address		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Suburban	Ho	SPITAL		5922 (Conway Row	ad	YES NO
3.	DECEASED %	irst .	Middle	, ,	Lost	OF -	onth	Day Year
7	(Type or print)	112m	JOHN	- 1	AAS		ARCH	31 1966
3	SEX 6. COLOR OR RACE	7. MARRIED				9. AGE (In years last birthday)	Manths C	YEAR IF UNDER 24 HRS. Days Hours Min.
-	DALE WHITE	WIDOWEL			5-15-0			
du	o. USUAL OCCUPATION (Give kind of work don ring mast af warking life, even if retired)		KIND OF BUSINESS OR INDUSTRY		0.00	& State, or foreign country) TSLAND N		EN OF WHAT
	ELIECTRICIAN .	VIA	AS + ClARK	LNC	14. MOTHER'S MAIDEN N		.6.	LSA
13	Richard H	nry	Hans	4	Leopo	1.	rek	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES		S. SOCIAL SECURITY NO.	17. IN			dress Same	as Item
(y	es, na, or unknown) (If yes give wor or dates	af service)	32-07-000	03 12	Madeline	L. Baas	Bove	as reem ?
	18. CAUSE OF DEATH (Enter only one co		, ,		U			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic g			omerul	Lonephritis	with uremia		ONSET AND DEATH
	DUE TO							
	(conditions, if ony, which gove) (b) my occurbial infanction							4 decy
	rise to immediate couse (0),							
	lost. (c)							
ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO TH	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES CONTROL NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. (DESCRIBE HOW INJURY (OCCURRED. (I	enter noture of injury in I	Port I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 19 20d. INJURY OCCURRED While Nat While of work Of work Of work 20e. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.)							
	21. I certify that (I) (this hospital) attended the deceased fram 1956, that (I) (we) last							
n	saw the deceased olive 903 im Paced 1966, and that deoth occurred of 940 M, fram causes and on the date stoted obove.							
	220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 4/1/86							
	22c. PHYSICIAN'S NAME (Type) Doh N	MI	DYMAN		7801 Nor	folk Ave., I	Bethes	da, Md.
23	a. BURIAL, CREMATION, 23b. DATE T	IEREOF	23c. NAME OF CEN	METERY OR C	REMATORY	23d. LOCATION (City or 1	Town) (C	ounty) (Stote)
_	REMOVAL (Specify) 4-4-6	6		Wash	ington Ce			e Co., Md.
	A. FUNERAL DIRECTOR ROBERT A. PUMPHR	EY	Bethesda,	Mar	yland DAA PR		REGISTRAR'S SIG	NATURE Judge

the life of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the 16((5) The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th Particular, restricted APR 7 1966 Proceedings

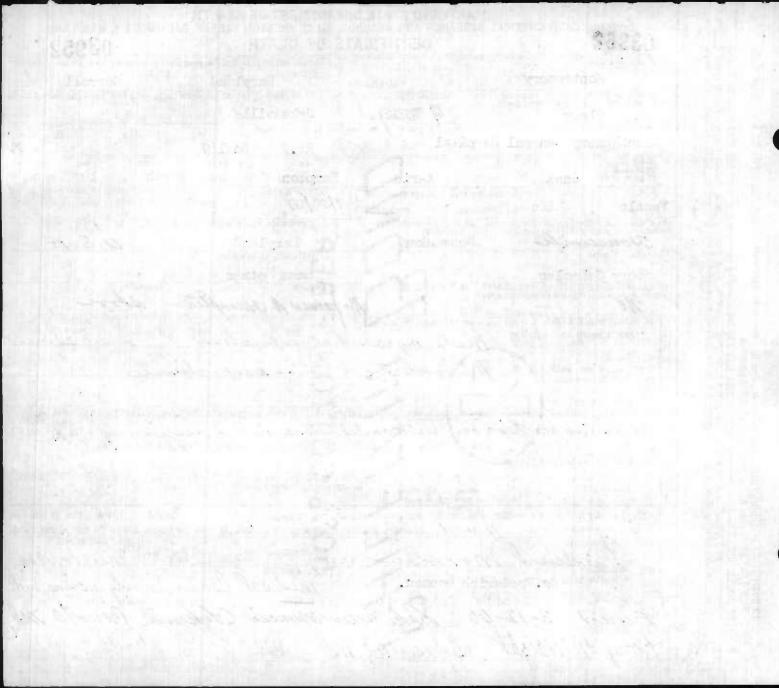
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please domove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and that event, within 72 hours after deapt. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	03962	CERTIFICAT	E OF DEATH		03	952			
1.	PLACE DF DEATH a. COUNTY Montgomery	MARYLAND	2 STATE	CE (Where deceased lived, b. b.	ounty Carr				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Olney	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If Sykesvil	outside corporate limit Le	s, write RURAL and	d give nearest town)			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h Montgomery General Hospi		d. STREET ADDRESS	Box169		e. IS RESIDENCE ON A FARM? YES NO			
3.	NAME DF First DECEASED (Type or print) Anna	Middle Marie	Last Hampton	4. DATE DE MARK	_	Day Year O 19 66			
F	sex 6. COLOR OR RACE 7. MARRIED WIDOWED		8. OATE OF BIRTH 7/20/09	56 last birth	ears IF UNDER 1 YI day) Months Day	ys Hours Min.			
dur	Hone most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY Memaker	Maryla		ountry) 12. CITIZ COUN	TRY?			
	FATHER'S NAME Henry Scheeler		Emma Met	zer					
(Y)	rs, no, or unknwn) (If yes give war or dates of service)	? Mr	famue A. A	Hampton -	afric				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. CAUSE OF DEATH (Enter only one cause per I to Immediate cause (a) DUE TO (b) Arte DUE TO (c)	ite myseara	lial infactor	etion ase, dise	222	NTERVAL BETWEEN DNSET AND DEATH I have			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO CAUSE OF DEATH 20b. 10 DEATH 20b.	1 1	stenssis	and insugg	icrency	19. WAS AUTOPSY PERFORMED? YES NO NO			
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 Not While at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work								
	21. I certify that (I) (this hospital) attend saw the deceased alive on Mac. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. Frederick	9 1966, and that Moomau.	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS.	ses and on the 22b. DATE Mar Sondy Sy	that (1) (we) last date stated above. SIGNED 10, 1966			
238	REMOVAL (Specify) 3-12-66	23c. NAME OF CEMETERY	v memori	23d. LOCATION (CI	Me Carr	096. MX			
24	Harry YI) Haish &	ADDRESS /	25a. REC	1 4 1966	REGISTRAR'S S	Judge			



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
2062	CERTIFICATE OF DEATH	42000

1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a a. STATE Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Silver Spring d. STREET ADORESS 9. IS RESIDENCE (Where deceased lived, If institution: Residence before a a. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown) Silver Spring d. STREET ADORESS 9. IS RESIDENCE (Where deceased lived, If institution: Residence before a a. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown) Silver Spring 6. STREET ADORESS 9. IS RESIDENCE (Where deceased lived, If institution: Residence before a a. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown) Silver Spring 6. STREET ADORESS	st town)								
Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Silver Spring Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Silver Spring Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Silver Spring	IDENCE								
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Silver Spring c. LENGTH OF STAY IN 1b Silver Spring /5	IDENCE								
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Holy Cross Hospital 1222 Selfridge Road YES	NO V								
3. NAME OF First Middle Last 14, DATE Month Day Ye	ar								
	66								
5. SEX 6. COLOR OR RACE 7 MARDIED 4 NEVER MARDIED 8. DATE OF BIRTH 9. ACE (In years FUNDER 1 YEAR FUNDER									
Male White WIDOWED DIVORCED April 24, 1905 last birthday) Months Days Hours	Min.								
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHA									
during most of working life, even if retired) HOUNTRY? USA									
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
James A. Harris Elizabeth F. Chamdler									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	-								
(Yeque, or unkown) (If yes give war or dates of service) Son-in-law: James Toman									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	TWEEN								
PART I. DEATH WAS CAUSED BY: ONSET AND	DEATH								
IMMEDIATE CAUSE (a) Pulmynay Com									
Conditions It any which) DUE TO S									
gave rise to Immediate (b) Cerystand Feet aller 1									
cause (a), stating the underlying cause last. (c) Cateron Slengthic Kont design 10 yrs									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
E MAS SELECTION YES TO	E mp hysera YES NO P								
20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)									
OR CONTRIBUTING CAUSE OF DEATH									
	State)								
Hour a.m. While Not While at work at work									
21. I certify that (I) (this hospital) attended the deceased from 15 /an 1966, to 4 kg-h, 1966, that (I) (ve) last								
saw the deceased alive on 1/ Feb., 1966, and that death occurred at 7:36 M; from the causes and on the date stated									
22a. SIGNATURE 9 22b. OATE SIGNED	v ,								
M.D. ATTENDING MED. STAFF PHYS. ATTENDING DIRECTOR PHYS. ATTENDING DIRECTOR PHYS.	66								
22c. PHYSICIAN 2									
Merton L. White 99/1 Georgia Ave 3/16									
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Augusta Co. Virginia (Specify) 3/6/66	ate)								
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE									
Tyson Wheeler 1331 Rockville Pike, Rockville, part 7 1966 Charles Judge									

VR A15 (4) 20M 1/65

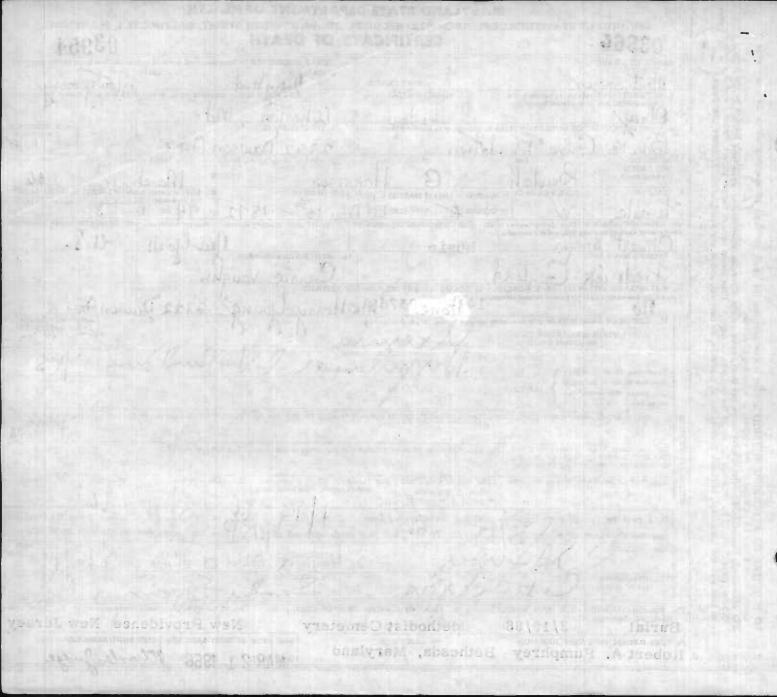
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Catalogue a series

TOP VIEWER

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH ğ 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY 24 hours b. COUNTY by the and 2 death. Hon gomen MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL anlaament b. CITY OR NOWN (if outside corporata limits, write RURAL and give nearast lown) c. LENGTH OF STAY IN 16 2 Pages cl days filled d. NAME OP HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? NO F completely YES 🗌 papers. necke 72 3. NAME OF Middle 4. DATE Last Month Vaar DECEASED OF within DEATH (Type or print) 19 66 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthdey) Months event, WIDOWED Z DIVORCED VIII. physician remove 10a. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of warking lifa, even if ratired) oncent DINGE Music C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please pue nederick affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgiva werordales of service) permit. METERVAL SE TWEEN has been signed by e burial-transit permi 18. CAUSE OF DEATH Enter only one cause per li (a), (b), and (c).] 50 physici PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) attending DUE TO Conditions, if eny, which (6) certificate has be or use as the buri geve rise to immediate cause **DUE TO** (a), stating the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO R: After this ce detached for to to of Health pr 20e. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, ! (County) (State) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20f. (City or town) factory, straat, offica bldg., etc.) Hour a.m. Not While DIRECTOR: at work at work 19 p.m. Pe 190, 19, that (I) (we) last 21. I certify that (I) (this hospital attended the deceased from..... State D from the causes and on the date stated above.19. 2 and that death occurred a saw the deceased alive or may 22e. SIGNATURE DATE SIGNED ATTENDING death. Page 4 page with th HOSPITAL DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d._ADDRESS filed w NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. **LOCATION** D & S 0 REMOVAL_(Specify) Providence New Jersey Methodist Cemetery New 3/19/66 Burial 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey Bethesda, Maryland VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

IJ	0396	5			CERTI	FICATE	OF DE	ATH				033	55/
	PLACE OF DEATH o. COUNTY	Montgomery				YLAND	o. STATE	Mary:	land	ed lived, if institu b. COU	ution: Residen	ce before o	odmission)
	b. CITY OR TOWN Write RURAL of Bethesd	(If autside corporate limited give negrest town)	s,		ength of stay	IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give University Park					e nearest 1	tawn) /
6		TAL OR INSTITUTION (If naval Hospit	,	ital, give st	reet address)		d. STREET AL		kermar	Street			IS RESIDENCE ON A FARM?
-	3. NAME OF DECEASED (Type or print)		irst	Mary	Middle Kenne	dy	Lost HART	LEY	4. DATE OF DEATH	Morc Marc		Day 23	Year 19 66
1	S. SEX	6. COLOR OR RACE	7. MARI		NEVER MARRIE	D 🔲	8. DATE OF BIL	RTH	9.	. AGE (In years last birthdoy)	IF UNDER		FUNDER 24 HR Haurs Min
	Female	Cauc.	WIDO	WED K	DIVORCE	D 🔲	May 9,	1903		62 yrs.	manths	Days	Haurs Min
	10a. USUAL OCCUPATION during most of working Housew	ON (Give kind af wark dane g life, even if retired) 116	10	INDUSTR	BUSINESS OR y n Hom	.e		ACE (County		reign cauntry)	12. CI1 CO	TIZEN OF V UNTRY?	S.A.
	13. FATHER'S NAME					10 J	14. MOTHER	'S MAIDEN N	IAME				
	Jeremi	ah Kennedy					J	essi	aJack	cson			
	IS. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? (If yes give wor or dates	of service)	16. SOCIAL	SECURITY NO.		INFORMANT ELIZ	abeth	Walsh	Univer			
	Conditions, if an rise to immedia stating the und	y, which gave ate cause (o), erlying cause	(a) TO (b) TO	Bilat	teral b							ONSE	VAL BETWEEN T AND DEATH
2	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUT	ING TO DEA	ATH BUT NOT RE	LATED TO	THE TERMINAL I	DISEASE CON	IDITION GIVE	N IN PART 1(a)		P	VAS AUTOPSY ERFORMED? NO
	OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20	Db. DESCRIBE	b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.)								
	20c. TIME OF IN	JURY Month, Day, Year .m. 19		Od. INJURY While It wark	OCCURRED Not While of work		CE OF INJURY (tory, street, office			(City ar town)	(Coi	unty)	(State)
	21. I cert	t ify that (‡) (this ha deceased alive an_	spital) a Max	ittended 1	the deceased	fram_ and the	Mar. 21 It death acc	urred at	9 <u>66</u> , t 300A M	a <u>Mar.</u> I, fram cause:	<u>23</u> , 19_ s and an t	_65tha he date	it (13) (we) l stated aba
	22a. SIGNATUR	ASS.		4		М			MED. DIRECTOR	STAFF 1		ATE SIGNED	1966
	22c. PHYSICIAN NAME (Typ		MERY	, 1	D.		22d. AD U •		val H	ospital,	, Bethe	esda,	Md.
	230. BURIAL, CREMAT REMOVAL (Speci	10N, 23b. DATE TH 3/28/	/		NAME OF CEN Arlingt			L Ceme		CATION (City or I Arlingt		(County) Virgi	(State) Lnia
	24. FUNERAL DIRECT	or Francis timore Ave			onaporess ille, N	Id.		2So. REC'D	By REGISTR		REGISTRAR'S S		

CV TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. completely filled in by the funeral oan papers. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 shauld be detached for use as the burial-transit permit. Then please removed the control of the last the burial companies of the last the burial companies of the last the burial companies. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Rand & Medical Examine

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		MARYLAND ST	TATE DEPA	RTMENT OF H	EALTH		
DIVISION O	F STATISTICAL	RESEARCH AND	RECORDS, 30	01 W. PRESTON	STREET,	BALTIMORE :	I, MARYLAND
2200		CEDI	TEICATE	OF DEATH			119AFA

	03966		CERTIFIC	ATE OF D	EATH		03956
1.	b. CITY OR TOWN Write RURAL	omeru N (if outside corpolate II and give nearest fown)	D A A	a. STA N 1b C. CITY OR	TOWN (If outsida	p. COUNTY	tion: Residence before admission) RURAL and give nearest town) e. IS RESIDENCE
	Washi	naton s	San + Hosp.	3/8	Wayn	e Ave.	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Docia	Earl I	Hatche	DF	ATH March	Day Year /0 1966.
	F emale	W	MARRIED NEVER MARRIED VIDOWED DIVORCED	3-2	1400	65 yrs.	
10	usewife	DN (Give kind of workd one ng life, even if retired)	Own Home	A A	rkan so		12. CITIZEN OF WHAT COUNTRY?
13	Millia	7 1/	use	14. MOTH	ER'S MAIDEN NAM	arturiq	KT
CY	es, no, or unkown)	VER IN U.S. ARMED FORCE (If yes give war or dates of serv None	(\$?) 16. SOCIAL SECURITY NO. 6268 577-30-628	17. INFORMANT Days	K+ Siene	desce 318 Address	Prina Md.
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony, which Immediate ofting the DUE TO	use per line for (a), (b), and (c).	Pial ein	fariti	in	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION			CONTRIBUTING TO DEATH BUTNO				YES NO.
	DR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter	nature of Injury II	n Part I or Part II of Ite	em 18.)
MEDICAL	20c. TIME OF 11 Hour a.m		While Not While at work	e. PLACE OF INJURY factory, street, offi	Y (Home, farm, 20)	f. (City or town)	(County) (State)
	21. I certify	that (I) (this hospital) attended the deceased from	md that death DCCL	1957, urred at 1955 FM,	from the causes and	19, that (I) (we) last on the date stated above.
	22c. PHYSICIAN NAME (Ty)		m W DANIST	M.D. ATTENDII PHYS. 22d. Al	DIRECTO	R STAFF PHYS.	5-10-66 5-8.
238	REMOVAL (Specific August)	ATION, 23b. DATE THER	REOF 23c. NAME OF CEM 1966 Parklawn (emetery or cremat	n	1 . 1 1 . 44	or county) (State)
24	larner (.	ul. Shomas	8434 ADDRESS nc. Silver Spring	Avenue	25a. REC'D BY R		STRAR'S SIGNATURE

name to the transfer of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta SULE SO A SALES SING WALL SAN AND WELL SEEM A DAG WELLENWARD Dozia Far Hataker in March 120 1 27 00000 00000 the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa A Secretary of the second Legist Agent III, 1984 Ageland Contant . Dullielle, Scalind

MARYLAND STATE DEP	PARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
03967 CERTIFICATE	OF DEATH	13957
PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Res	sidence before edmission)
. COUNTY montgement MARYLAND	a. STATE b. COUNTY	Man 1 and a
b. CITY OR TOWN (if outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	give neerest town
write RURAL end give neerest town)	12-10-41:11	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	l e. IS RESIDENCE
refusion manor spaceto Case Cente	3809-64th Ave. Landover	U'N ON A FARM?
NAME OF First Middle	Last 4. DATE Month	Dey Yeer
DECEASED (Type or print) Sadie He	CISNER DEATH March,	18 1966
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8, DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YE	
Temale WK, WIDOWED DIVORCED	Keno 12, 1884 Sayrs. Months De	ys Hours Min.
00. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	EN OF WHAT COUNTRY?
done during most of working life, even if retired)	auctoia.	1.5.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Starry Gier	Mirrio	
5. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.0	INFORMANT / Address	10 1 10 11.
Yes, no, or ankown) (Ifyesgivewerordetesofservice)	2000 X/01111 / 101-16	12 St. D.W.
10 CHURCH OF BENEVIEW	waye runner of the	WASh. D.C
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	40	ONSET AND DEATH
IMMEDIATE CAUSE (0) Cancle right	1 king.	Unknown
DUE TO		
Conditions, if any, which (b)		-6-
geve risa to immediate ceuse DUE TO		
(a), stelling the underlying couse last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY
A.T. 1.	1. 1	PERFORMED?
Halricelistic andorosen	an ange	YES NO
E 20e. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURED (OF CONTRIBUTING □ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (OF CONTRIBUTING □ CAUSE)	D. (Enter neture of injury in Part I or Pert II of itam 18.)	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County	y) (Stete)
Hour a.m. While Not While fec	ctory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from.	1-16 19/66, 10 3-18 19/66	that (I) (we) last
saw the deceased alive on		
22e. SIGNATURE	ATTENDING MED. STAFF	18-66 SIGNED
	m.D.	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS & D & & 2111	

NAME OF CEMETERY OF CREMATORY

11602 Da. luf.

DAMAR

23d.

REGISTRAR

1966

LOCATION (City, town or county)

25b. REGISTRAR

ocharles

(State)

TO HOSPITAL (A) ATTENDING PHYSICIAN: The law requires that the death certificate be executed from 24 hours after death. Page 4 (a) be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely from the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

Morris

3/20

BURIAL, CREMATION,

24 FUNERAL DIRECTOR'S STGNATURE

DATE THEREOF

66

The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon 10054 a come way to make Retirellet a latinounchin durine 1/21/2 Washish it mostly to be fiderable to 22th search with a really and a 22 to 25th

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	MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICAT		ARYLAND
1.	PLACE OF DEATH MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where Deceased lived, If Institution: Re a. STATE b. COUNTY	sidence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) SILVERS SPRING 8 Y RS	SILVER SPRING	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) HOLY CROSS HOSPITAL	8201 164 Steet	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle DECEASED (Type or print) ANNA F	HELLER 4. OATE Month OF DEATH NAR	0ay Year 3/ 1966
5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO DIVORCEO	10-18-09 last birthday) Months 56 yrs.	YEAR IF UNOER 24 HRS. Days Hours Min.
dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) ### 1000 F BUSINESS OR INOUSTRY	N: Y.	JULY S. A.
13.	SIGMUND FRIEDMAN	14. MOTHER'S MAIDEN NAME SARCALY LAZERSON	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service)	HOSPITAL RECORDS	•
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDI	AL INFARCTION	INTERVAL BETWEEN ONSET AND OEATH ONE HOUR
	Cenditions, If any, which gave rise to Immediate OUE TO WHYPERTE	NSION	8 YEARS
NO	cause (a), stating the OUE TO underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
CERTIFICATION	20a. ACCIDENT WAS LINDERLYING [] 20b. DESCRIBE HOW INTERVOCE	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)	YES NO NO
	OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m. p.m. 19 While Not While at work at work	ory, street, office bldg., etc.)	/
	21. I certify that (I) (this hospital) attended the deceased from— saw the deceased alive on Man 31 1966, and the	at death occurred at 700 P.M, from the causes and on the	
	22c. PHYSICIAN'S M.	O. ATTENOING MEO. STAFF PHYS. D	u 31, 1966
233		Y OR, CREMATORY 23d. LOCATION (City, town or cou	nty) (state)
24	FUNERAL OJRECTOR AOORESS	1, PARK FALLS CHUICCE 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	
	Holdberg Freneral Homo 4217-9	2 Star DAAPR 5 1966 Schanles	Judge.

VR AI5 (4) 20M 1/65

TO HOSPITAL OR ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 having after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar remayol, and in ony event, within 72 peace, after death.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN
CERTIFICATE OF DEATH

03969			CERTIFI	CA	TE OF DEATH				03	050
1. PLACE OF DEATH o. COUNTY	Montgome	ery	MARYL	AND	2. USUAL RESIDENCE (Who Maryland	ere deceased li	ved. If instituti b. COUNTY			
	f outside corporate lim	its, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (If or	utside corporat	e limits, write R	URAL ond giv	re nearest	town)
Woodacre			F. C. S. S. S. S. S. S. S. S. S. S. S. S. S.		Woodacres				15	1
d. NAME OF HOSPIT	'AL (If nat in haspital,	give street o	oddress)		d. STREET ADDRESS					RESIDENCE
6 Ardmor	e Crcle				6 Ardmore	Circl	e			N A FARM?
3. NAME OF	Fi	rst	Middle		Lost	4. DATE	Mar	ıth	Day	Year
(Type or print)	Fran	ncis	Louis H	Hen.	ley	OF DEATH	Mar	ch 2	24	1966
S. SEX	6. COLOR OR RACE	7. MARRI	ED X NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years			NDER 24 HRS.
Male	White	WIDOWE	D DIVORCED		May 19,1908		57 yrs.	Months D	ays Ho	urs Min.
100. USUAL OCCUPATION during most of work Supervise	king life, even if retired	1)	kind of Business or Potomac El		.Co. Dist.	or foreign cour	_	12. CITIZI	_	AT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				400
Wilson	T. Henley	v .			Anne Pot	t				
15. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16. 5	SOCIAL SECURITY NO.	17. IN	FORMANT	V	life Add	ress	100	1000
No	(If yes, give war or dates of	service)	577 05 015	50	Catherine	S. He	enley.	(same	as a	#1.)
1B. CAUSE OF DEA	ATH Enter anly one co	ouse per lin	e for (o), (b), ond (c).]	-					INTERVA	L BETWEEN
PART I. DEA	TH WAS CAUSED BY:	. A.	exte Co	21	Polmonale				UNSET A	ND DEATH
1/2	DUE TO)		SILATI			
Conditions, if o	ny, which	· Ro	diation	VIT	reumonit!	2			6	ills
gave rise ta i couse (o), stoting	mmediate (-		+	. 1			PF 50 AL		
lying cause lost.	ine olider	CA	RCINOMA	0	, Lung			DIM		12.35
PART II. OTH		_	ONTRIBUTING TO DEAT	TH BU	NOT RELATED TO THE ERMI	NAL DISEASE (CONDITION GI	VEN IN PART	PE	AS AUTOPSY ERFORMED?
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in P	art 1 or Port 11	of item 18.)			
ZOc. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	Not while at work		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		town)	{Co	ounty)	(Stote)
21. I certify the	at (1) (this haspita	1) attend	ed the deceased f	fram		17 . to 3	-24	1961	that (l) (we) last
saw the decea	sed alive an 3	123	1966, and t	that d	death accurred at 1330					
220 SIGNATURE	0		1						73. 14	22b. DATE
Unche	wy re	mdo	~~			ED.	STAFF PHYS.	Mar	ch 2	4,1966
22c. PHYSICIAN'S NAME (Type)	Andrew G	. Pra	andoni, M.	D.	2520 L S	treet,	N.W.	, Wasl	ingt	on,D.C
23a. BURIAL, CREMATIC BURIAL (Specify)		/	St. Mary		Cemetery,		ngton			(State)
24. FUNERAL DIRECTOR	S SIGNATURE	Das	ADDRESS		250. REC'E	BY REGISTRA		ISTRAR'S SIGI	NATURE	16 300
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Fairfax. Virginia

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		DECEASED				गक्त		OF
1	S.	Type or print)	6. COLOR OR RACE	7. MARRIED	(m) NEVER MARRI			
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		emale	Cauc	WIDOWED	ID OF BUSINESS OR	ED [7	
		ng most of working	(Give kind of work done life, even if retired)		OR BUSINESS OK			
		St	udent					
	13.	FATHER'S NAME						
			R. Heselto					Tompkins
1	IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates o	of service) 16. S	OCIAL SECURITY NO.	17. 11	NFORMANT	9:
7	110	NO	(ii foo give week or occord		231-68-96	49 Le	slie R.	Heselton F
		18. CAUSE OF DE	ATH (Enter only one cou	se per line for	(o), (b), ond (c).)			Bart
		PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE	(o) Rhah	domyosar	coma,	Metasta	tic primar
		1160	DUE					
		Conditions, if any,		(b)				
		rise to immediat stating the under		10				
		lost.)	(c)				
	2	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISE	ASE CONDITION GIVEN I
	CERTIFICATION							
	TIFIC	20o. ACCIDENT WAS		20b. DES	CRIBE HOW INJURY	OCCURRED. (Enter nature of in	jury in Port I or Port II
			CAUSE OF DEATH MEDICAL EXAMINER)					
	MEDICAL	20c. TIME OF INJU	IRY Manth, Day, Year		JURY OCCURRED			
	MED	Haur a.n p.r	10	While at work	Not While at work	focto	ory, street, affice blo	dg., etc.)
			14.			d from 1	4 Feb	1966 to
		saw the de	eceased alive an 1	2 Mar	1966	and that	death accurr	ed at 6:33 P.M. f
		220. SIGNATURE		,				
		12. 9.	win F	K. , O.		M.D		
		22c. PHYSICIAN'S	~~·				22d. ADDRE	SS
		NAME (Type	Kelvin F.	Kesler	LCDR MC	USN_	USNH	, BETHESDA
	230	. BURIAL, CREMATIC					REMATORY	23d. LOCAT
		REMOVAL (Specify Burial		6.1966	Arlingto	Fairfax, Virgos Jand STREET ADDRESS Yland 9212 Ponce Place Lost 4. DATE OF HESEL/TON DEATH ARRIED X 8. DATE OF BIRTH 9. A ARRIED X 10. B. DATE OF BIRTH 9. A ARRIED X 10. B. DATE OF BIRTH 9. A ARRIED X 10. B. DATE OF BIRTH 9. A ARRIED X 10. B. DATE OF BIRTH 9. A ARRIED X 10. B. DATE OF BIRTH 9. A COCO SOLO, CANA 14. MOTHER'S MAIDEN NAME Jane Tompkins NO. 17. INFORMANT 9. B ATCOMA, Metastatic primary OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II URY OCCURRED. (Enter nature of injury in Port I or Port II O 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) ased from 24 Feb. 1966, to 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do 16. do		
	24	FUNERAL DIRECTO						
1		11/2	- Alser	1614	AA . LIG TII !	ONTEGI		200 TT 40

Everly Funeral Home

AL RESIDENCE (Where deceased lived, if institution: Residence before admission) OR TOWN (If autside carporate limits, write RURAL and give neorest tawn) Fairfax, Virginia e. IS RESIDENCE ON A FARM? YES NO TO Month Year March IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years last birthday) Months Haurs 12. CITIZEN OF WHAT THPLACE (County & Stote, or foreign country) COUNTRY? OCO SOLO, CANAL ZONE 9212 Ponte Placed R. Heselton Fairfax, Virginia Bartholin's Gland INTERVAL BETWEEN ONSET AND DEATH static primary site 6Months WAS AUTOPSY PERFORMED? NAL DISEASE CONDITION GIVEN IN PART 1(a) NO X ure of injury in Port I or Port II of item 1B.) 20f. (City or town) (County)

1966, ta 13 Mar, 1966, that (T) (we) last

Arlington Arlington Va.

25b. REGISTRAR'S SIGNATURE

22b. DATE SIGNED

(County)

accurred at 6:33 P.M., fram causes and on the date stated above.

STAFF

PHYS.

23d. LOCATION (City or Town)

1966

JSNH, BETHESDA, MARYAAND

(Stote)

(State)

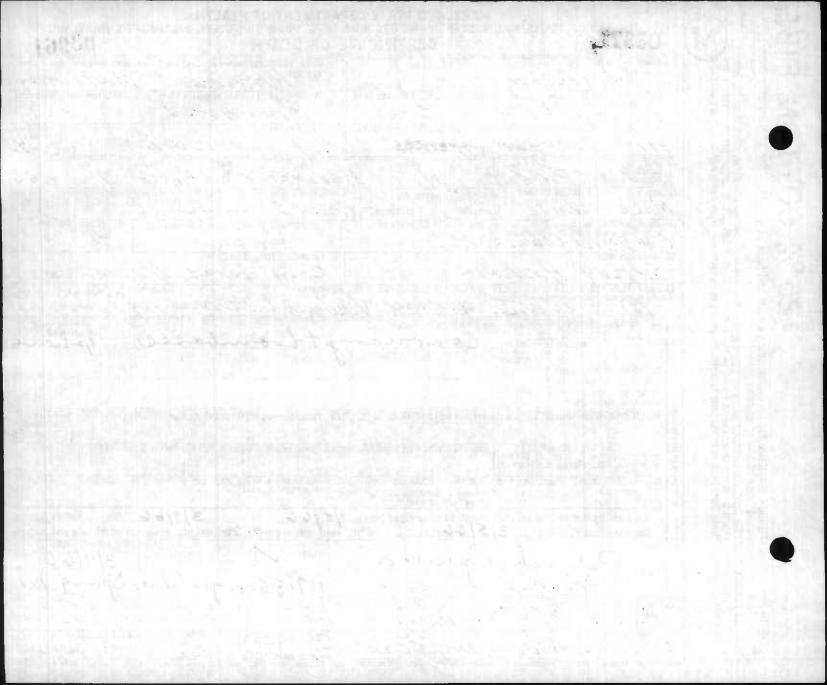
20 M 1/66

D HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicient and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please canove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()3961

1. PLACE OF DEATH							sidence before admission)
a. COUNTY MANY	GOMERY	MARYLANI	a. ST	ATE MARCY	CAND b. CO	UNTYMAN	TGOMERY
b. CITY DR TDWN (If	outside corporate limits.	c. LENGTH DF STAY IN	b c. CITY C	R TOWN (If outs)	de corporate limits,	write RURAL	and give nearest fown)
Write RURAL and	give nearest town)	9425		/	N6. Ton		15-1
		in hospital, give street addre	ss) d. STREE	T ADDRESS		1	e. IS RESIDENCE
11/11/00	NFELD P	AVENUE	4119	DEN	FELD 1	fire	ON A FARM? YES NO
3. NAME DF DECEASED	First	Middle	// Las		OF A	nth	Day Year
(Type or print)	FOREST	N.	MEVE	NER, K.	DEATH ////XC	H /	19 6 6
5. SEX 6. 0	OLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE O	BIRTH	9. AGE (In year	S IFUNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
MALE	1HTE WIDOW	VED DIVORCED	MARCH	1 2,1722	Ty yrs.		
10a. USUAL OCCUPATION (during most of working li	fa avan if ratirad)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRT	HPLACE (County	& State, or foreign coun		TIZEN OF WHAT
CAB DRIVEY	& GUNDR	TAXI		VIR6	INIA	2	1.5. A.
13. FATHER'S NAME	11		14. MOT	HER'S MAIDEN N	AME	11	
542284	HEVENE	R	EL	LA 11	SENE /	BCKK	INSE
15. WAS DECEASED EVER		16. SOCIAL SECURITY NO.	17. INFORMAN	T ,	Add	ress Ker	WS1N670N640
(Yes, no, or unknown) (Ify	es give war or dates of service)	UNKNOWN 1	IRGIN	in L.M	VENER-4	114 26	WEELD AVE
18. CAUSE OF DEAT	I [Enter only one cause p	per line for (a), (b), and (c).]	,	1	•		INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (a)	renous	my t.	Low	chase	1)	1/2 Leun
4201	DUE TO	~					1
Conditions, if any,			V				
gave rise to imm	ediate (-				
cause (a), stating	, the l						
PART II. OTHER SIGNI		RIBUTING TO DEATH BUT NOT	ELATED TO THE	TERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
CAT							YES NO 3
PART II. OTHER SIGNI	UNDERLYING 201	b. DESCRIBE HOW INJURY C	CCURRED. (Ent	er nature of inju	ry In Part I or Part I	l of Item 18.)	
S OR CONTRIBUTING D	CAUSE OF DEATH MEDICAL EXAMINER)						
		d. INJURY OCCURRED 20e.	PLACE OF INJU	RY (Home, farm,	20f. (City or town)	(Cour	nty) (State)
20c. TIME OF INJUI Hour a.m. p.m.		hile Not While at work	actory, street, o	ffice bldg., etc.)			
		ended the deceased from	11×11	6 19	to 3/7/6	6.19	, that (I) (we) last
saw the deceas	- 1 -	66 19 and	that death no				ne date stated above.
22a. SIGNATURE	u anve on	n allu	that death bo	curred at	in, nom the odds		ATE SIGNED
D.	= 1 C	Jule &	M.D. PHYS.	DING MED.	CTOR STAFF	7 3	17/66
22c. PHYSICIAN'S	C			ADDRESS	(1	82	a h
NAME (Type)	ATRICK	HAMESON		1186er	rgu sele	er gr	ving. 100
23a. BURIAL, CREMATIC		23c NAME OF CEME	TERY OR CREM	TORY 2	3d. LOCATION (CIty	, town or cou	inty) (State)
MOVAL (Specify)	2/10/1969	PARLINGT.	NA NA	74	MRLING	TON	VIRGINIA
24. FUNERAL DIRECTOR	1 4 . 4	ADDRESS	Son Mo	25a. REC'D B	Y REGISTRAR 25b.	REGISTRAR'S	SSIGNATURE
W.W.C.	MAMBERS,	INC, SILVER	DIRING	DAMEAR	1956	Marie	y judge

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() 3969

-	00013				110	100	
1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived,		sidence before admi	ission
-	MAKTA. MOVV	MADVIAND	a. STATE	/ b.	COUNTY	ntoro 140	141
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limit	ts. Write RURAL	and give nearest	town
0	write RURAL and give nearest town)	21/24/2	0 0	,		- 1	
5	d NAME OF HOODITAL OR INCTITUTION (if not in ho		BURTONS	VILLE	/	e. IS RESID	ENCE
h	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address,	d. STREET ADDRESS	1	101	ON A FAR	RM?
_7	BIRLAND NURSING	Home	14401 C	0/4 MB10	Rd.		0 1
3.	NAME OF First DECEASED	Mlddle	Last	OF	Month	Day Year	,
	(Type or print) TRANCES	K	Hild	DEATH	7 -	// 196	
5.	SEX 6. COLOR OR RACE 7. MARRIED [NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y		YEAR IF UNDER 2	
	Y WIDOWED	DIVORCED [8-13-188	70 1.42	rs. Months E	rays nours	Min.
	D. USUAL OCCUPATION (Give kind of work done 10b. Kil	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign c	ountry) 12. CIT	IZEN OF WHAT	
uui	Me AT Bill	auphtanine	HIMPA	PV	000	11.5	
13	. FATHER'S NAME	7	14. MOTHER'S MAID	EN NAME		-1101	
1	Bilif BRO Tuin	COP	7 0	CKENSH	0:1	/	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT		Address	-	
(Y	es, no, or unkown) (If yes give war or dates of service)	/	Pahint P1	tild i m.	c Peans	1/2	
	No		100000	1001 111	- A COON	VO	
	18. CAUSE OF DEATH (Enter only one cause per lin	ie for (a), (b), and (c).]				ONSET AND DE	ATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	neumend				I ceay	lana.
	493 X DUE TO						
	Cenditions, If any, which (b)				2011/10/10		
	gave rise to immediate (
	underlying course lest				S C 10		
NO	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT REF	ATED TO THE TERMINAL D	ISFASE CONDITION GIV	EN IN PART 1(a)	119. WAS AUTO	PSY
ATI	Market ! Ileat	7//		10210200110111011411		PERFORMI	and the same
FIC	Anjulennin Hour	Useur			111 -611	YES NO	0 1
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 2Db. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury in Part I or Par	t II of Item 18.)		
AL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, fa	rm. 20f. (City or tov	wn) (Coun	ity) (Sta	ite)
MEDICAL	Hour a.m. While	Not While fact	ory, street, office bldg., et	c.)			
Σ	p.m. 19 at work	at work	30/	13/1		,	
	21. I certify that (I) (this hospital) attende	d the deceased from	, 19	to 0//	, 194 4		
-	saw the deceased alive on 1/1/66	19, and the	at death occurred ats	M, from the car			bove
	22a. SIGNATURE			MED STAFF	22b. DA	TE SIGNED	
	Chrys ne		D. PHYS.	IRECTOR PHYS.	0 3/	11/66	
	22c. PHYSICIAN'S ROBERT S. McCENE		22d. ADDRESS	is Mora	1. Prin	1 ms	1
	402 MAIN SI		402 ///	ain pieces	, recor	u- 1100	
238		23c. NAME OF CEMETER	RY OR CREMATORY	23d. JOCATION (C	ity, town or cour	nty) 2 (State	e)
	Buran March 4, 1966	amon Ces	nelly	12mon	spelle	/Kat	
24	. PUNERAL DIRECTOR	ADDRESS W4.	Sid 25a. REC	D BY REGISTRAR 25	b. REGISTRAR'S	SIGNATURE	
1	Texame Julion 25	t Estrallst.	VIO DAMAR	14 1966	Charle	Judge.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending personand completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY MONTCOMERY MARYLAND MTGOMERY b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town Chevy Chase ROCKUILLE give street address e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 8700 Jones 1 YES NO F ETHESOA SILVER SPRING WRSn'G Hom NAME OF Middle 4. DATE Month Day Year DECEASED OF 1966 ARCH. (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR-OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last, birthday) Months WIDOWED DIVORCED FEM ALL 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 3 Stops Ewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Donald Corbett Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na. adunknawn) (If yes give war or dates af service KOBERT HENDERSON HILL (SON) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Auterioschensis Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MFDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour a.m. While Nat While factory, street, affice bldg., etc.) at work at work 1966, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. 19 65 to 19 66, and that death occurred at 2:450M, fram causes and an the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE STAFF M.D PHYS. DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) OAD, SILVER SP. MD. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Cem Buria Congressional Washington 250. REC'D BY REGISTRAR DAWAR 2 4 19 25b. REGISTRAR'S SIGNATURE Sons, er's

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24 hours ofter deoth by the funeral Pages 1 and 2 hours filled in papers. event, within executed within corbon completely emove any requires that the deoth certificate be = puo phys a removal, en ottending p permit. The 0 cremotion, the signed by the burial-transit burial, cremoti by physicion. os the ottending hos been Health USe After this certificate h I be detoched for use State Dept. of Health O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or O FUNERAL DIRECTOR: After pluods with t director, poge 3 should be filed w

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Ave. N.W.

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FOR STATE HEALTH DEPT. necessory, please execute the certificate, writing the word "pending" in pacil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chief Medical Examinar's Office along with form PM3. Page land 2 with the State Department of detay is in ony event within 72 haurs after death.

File pages

Health or its designoted agent, priar to burial, cremation, or removal, and 5 may be retained for your files.

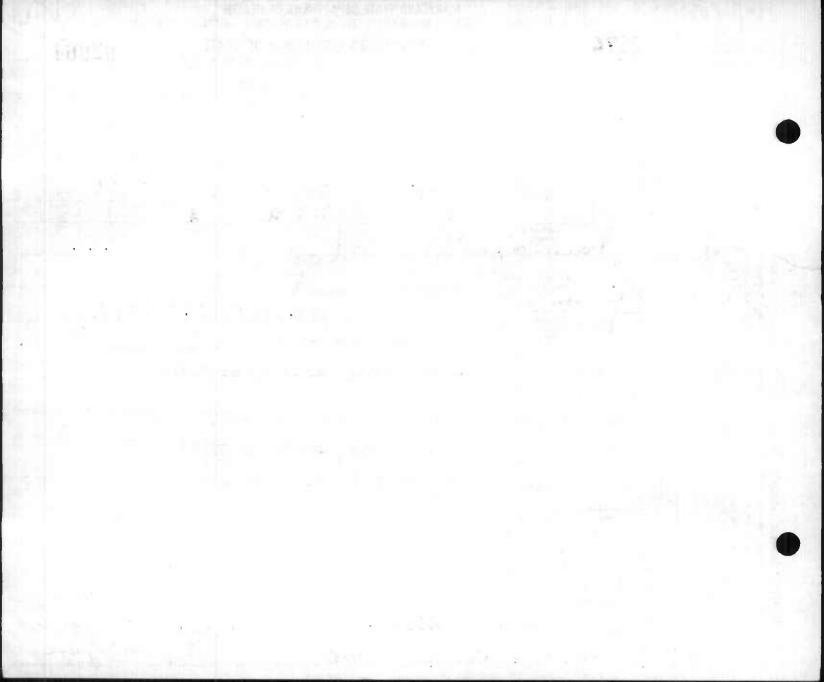
TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03974		MED	ICAL EXAMI	NER'S	CERTIFICATE O	F DEA	TH		39	64	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dece	osed lived, if institu	tion: Reside	nce befor	e odmissi	on)
	o. COUNTY	ma Orania		A4.A	RYLAND	o. STATE	AND	b. COL	INTY MAN	ITGO	TRV	
-		TGOMERY If outside corporate limit	he .	C. LENGTH OF STAY		c. CITY OR TOWN (If ou	A Agent V Marr	note limite unite DI				
	write RURAL and	d give nearest tawn)	3,	C. LENGTH OF STAT	IN IU	C. CITI OK TOWN (II OU	uside corbo	rore ilimis, wille Ki	JKAL ONG GI	ve neores	(lowii)	
	RIGHHE			4DAYS		BOYDS				15	-/	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, ç	ive street address)		d. STREET ADDRESS					e. IS RESI ON A F	FARM?
_	SUBU										YES	NO X
3.	NAME OF DECEASED	, F	irst	Middle		Lost	4. DATE			Doy		ear
	(Type or print)	FL	ORA	E.	H	ITT	DEATH	H MA	RCH 10),	19	66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER			R 24 HRS.
	FEMALE	WHITE	WIDOWED	DIVORC	ED 🗍	9/11/1882		last birthdoy)	Months	Doys	Hours	Min.
		(Give kind of work done		ND OF BUSINESS OR	-	11. BIRTHPLACE (Stote	or foreign	country)		ITIZEN OF		
au	ring most of working	The, even if refired)	D P IN	DUSTRY		VIRGI	NTA		T	OUNTRY?		
13	. FATHER'S NAME	- LV	70			14. MOTHER'S MAIDEN N				1.0 4		
	O.T. 20	ואדדע זיינו ואכזייוכו	o o			CATHERIN		KRELI.				
15		BERT ELKINGE IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17	INFORMANT	111 1 10	Add	2207			
		(If yes give wor or dotes		JOCIAE JECORITY NO.		•	W STATE THE PER			786		
_					Eil	WARD K. PIC	KRELL	JR. G	RANDS			
		EATH (Enter only one co TH WAS CAUSED BY:								INT	ERVAL BET	TWEEN
	PAKI I. DEAI	IMMEDIATE CAUSE	(0)	Congestive	e hea:	rt failure				ON	SET AND I	ios.
	422	DUE	TO									
	Conditions, if ony,		(b) A	rterioscl	eroti	c cardiovaso	cular	disease		7	rears	3
	rise to immediat		. ,							1		
	stoting the under	riying couse	(r)									
		CHIEICANT CONDITIONS	ONTOIDITING T	O DEATH BUT NOT D	CLATED TO	THE TERMINAL DISEASE CON	UDITION CIL	(CAL INI DADT 1/a)		10	WAS AUT	OPCV
NO	TAKT II. OTTICK SI	ONITICANT CONDITIONS	.ONIKIBUTING I	O DEATH BUT NOT K	ELATED TO	THE TERMINAL DISEASE CON	NDITION GIV	TEN IN FART I(U)			PERFORM	MED?
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MEDICAL CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or COI		20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in I	Port I or Po	ort II of item 18.)				
LCE	CAUSE OF DEATH.											
OICA		JRY Month, Doy, Yeor		JURY OCCURRED		CE OF INJURY (Home, form		(City or town)	(Co	ounty)	1	(Stote)
ME	Hour o.n	10	While of work		foct	ory, street, office bldg., etc.))					
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	ACTUAL	John S.	Bal	e -		ACCICTANT MED					22. DATE	SIGNED
	SIGNATURE	LAVIE				M.D. ASSISTANT MEDI		- 1/	11/60	5		0.0112
	EXAMINER'S					DEPUTY MEDICA		v KOU				
0.0	NAME (Type)	1 00 0 0	20202	1 00 04115 07 07	HEYERY C-	Address (Street				/*		
23	o. BURIAL, CREMATIC		EKEOF	23c. NAME OF CE	METERY OR	CREMATORY	23d. L	OCATION (City or To	own)	(County	(S	Stote)
-	Durido	2/14/6	3	mon	ota		100	cellant	10	mi	Eugle	will
2	4. FUNERAL DIRECTO	R	0	ADDRESS		250 RECO	BY REGIST		EGISTRAR'S	SIGNATUR	E	
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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH BIVISION 3975

1.	PLACE OF DEATH a. COUNTY				2. USUAL RESIDENC	E (Where dec			idence befo	re admission)
	Montgome	rv	MARYLAN	ID I	a. STATE	th Car	colina b. COU	NTY		V
	 CITY DR TDWN (If outside corporate li write RURAL and give nearest town) 	mits, c. l	LENGTH OF STAY IN		c. CITY DR TDWN (If	outside cor	porate limits, wi	Ite RURAL a	nd give ne	arest town)
	Bethesda		76 days	3	Gree	enville		77	7.1.2	
	d. NAME OF HOSPITAL OR INSTITUTION (f not in hospita	al, give street addr	ess)	d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
Th	e Clinical Center, Bo	ethesda	Maryland	3	12/	Augus	sta Cour	t	YES	NO XX
3.	NAME OF FIRST DECEASED		Middle		Last	4. DATE	Mont	h	Day	Year
	(Type or print) Martin		Ezelle		Holder	DEATH	2.146	rch 29		19 66
5.	SEX 6. COLOR OR RACE 7.	MARRIED K	NEVER MARRIED] 8.	DATE OF BIRTH	9.	AGE (in years last birthday)	IF UNDER 1		NDER 24 HRS.
	Male White	WIDOWED	DIVORCED		10 August 1	L900	65 yrs.	MOILLIS	ays no	ura min.
10a	USUAL OCCUPATION (Give kind of work doning most of working life, even if retired)	e 10b. KIND C	OF BUSINESS OR		11. BIRTHPLACE (Co	ounty & State,	or foreign country) 12. CIT	IZEN OF W	HAT
-	urniture Consultant		ture Store		Sout	th Care	olina		SA	
	FATHER'S NAME				14. MOTHER'S MAID	EN NAME	S. L. L.			
	William	H. Holde	er				Willis			Fig. 1
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCE , no, or unknown) (If yes give war or dates of ser	S? 16. SOCI	AL SECURITY NO.	17.	NFORMANTThe Me	dical	Records	SS		
	No				Clinical (rylan	d
	18. CAUSE DF DEATH [Enter only one ca								INTERVAL	LBETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Gastric	ulcer, pe	rfor	rated					DOLL
	13 41 DUE TO	-								1
	Conditions, If any, which } (b)	Empyon	na. phenni	thers	x renal Fal	renal failur				
	gave rise to immediate	0 1	,						11	
	cause (a), stating the DUE TO underlying cause last.	Crypto	coccal men	امرا	is a				TMO	aths
NO	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUTNOT	RELAT	ED TO THE TERMINAL D	ISEASE CON	DITION GIVEN IN	PART 1(a)		S AUTOPSY RFORMED?
ICAT									YES X	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING	20b. DESCI	RIBE HOW INJURY	OCCUR	RED. (Enter nature of	injury in Pa	ert I or Part II o	of Item 18.)		
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
CAL	20c. TIME OF INJURY Month, Day, Year		Y OCCURRED 20e	. PLACI	E OF INJURY (Home, fa	rm, 20f.	(City or town)	(Coun	ty)	(State)
MEDICAL	Hour a.m. 19	While at work	Not While at work	factory	, street, office bldg., et	tc.)				
2	21. I certify that ## (this hospital			. 1	7 Tamiami 10	66 00	20 March	10 66	that 1	() (wo) last
		March			death occurred at 7					
	228 SIGNATURE	101				AM		22b. DA	TE SIGNED	
Н	Jamy D. Visa	while		M.D.	ATTENDING I	DIRECTOR [STAFF PHYS.	3	29/66	,
	22c. PHYSICIAN'S				22d. ADDRESS T		nical Ce		Natio	
	Darryl D.	Bindsc	hadler, M	.D.	Institutes	of He	alth, Be	thesds	, Mai	ryland
23a.	BURIAL, CREMATION, 23b. DATE THEIR REMOVAL (Specify)	REOF 23	c. NAME OF CEME	TERY (CATION (City, t		reg.	(State)
Bu	rial-Transit 3/30		Toodlawn	Mer			enville			
24.	bert A. Pumphrey	Bethe	sappressid.	1		D BY REGIS		EGISTRAR'S		
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13966

3376	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	a. STATE Mar	J	ntgomery
write RURAL and give nearest town)	LENGTH DF STAY IN 1b		outside corporate limits, write RURA ville	L and give nearest town)
Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital glue etreet address.	d. STREET ADDRESS	ATTLE	e. IS RESIDENCE
10401 Grosvenor Place	ital, give street address)		osvenor Place	ON A FARM? YES ND S
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) HARVEY		LAND	DEATH Mar. 1	
5. SEX 6. COLOR OR RACE 7. MARRIED	MEACH MANKER	B. DATE OF BIRTH	9. AGE (In years IF UNDER Tast birthday) Months	R 1 YEAR IF UNDER 24 HRS
Male White WIDOWED		Aug. 26,18	yis. O	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDU) OF BUSINESS OR JSTRY			CITIZEN OF WHAT
U.S.Air Force Reti	ired	Virginia		U. S.
13. FATHER'S NAME		14. MOTHER'S MAID	NAME	
James T. Holland		Sarah Ho	dges	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOI (Yes, no, or unkown) (If yes give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT Wi	fe Address	
Yes WW I & II	He	len P. Hol	land Same as I	tem 2.
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronary Ins.	officency	Acute -	Sudden.
11781				11111111
Conditions, if any, which \ (h)	relio. Vase	ular Dis	ease -	years.
gave rise to immediate cause (e), stating the DUE TO				
underlying ceuse last. (c)	BULLET TO BE			
	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES ND
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of Item 1	8.)
20c. TIME OF INJURY Month, Day, Year 20d. INJU	JRY OCCURRED 20e. PLAG	CE OF INJURY (Home, fairy, street, office bidg., et		ounty) (State)
21. I certify that I took charge of the remain	ns described above, hel	d an Autopsy .	Inspection Inquiry	, and in my opinion
death resulted from: Natural causes X,		cide . Homicid		
43.		CHIEF MEDICAL	EXAMINER	
SIGNATURE John S. B.	el	M.D. ASSISTANT MED	OICAL EXAMINER 3-11-	-6622. DATE SIGNED
EXAMINER'S JOHN G. BALT	L	DEPUTY MEDICA Address (Street	, city, town, or county) Beth	nesda, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or c	
Burial 3-15-66	Arlington N	atl Cem.	Arlington, Vir	
24. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 25b. REGISTRAL	
ROBERT A. PUMPHREY Be	thesda, Mar	yland MAK	16 1956 Juan	es Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

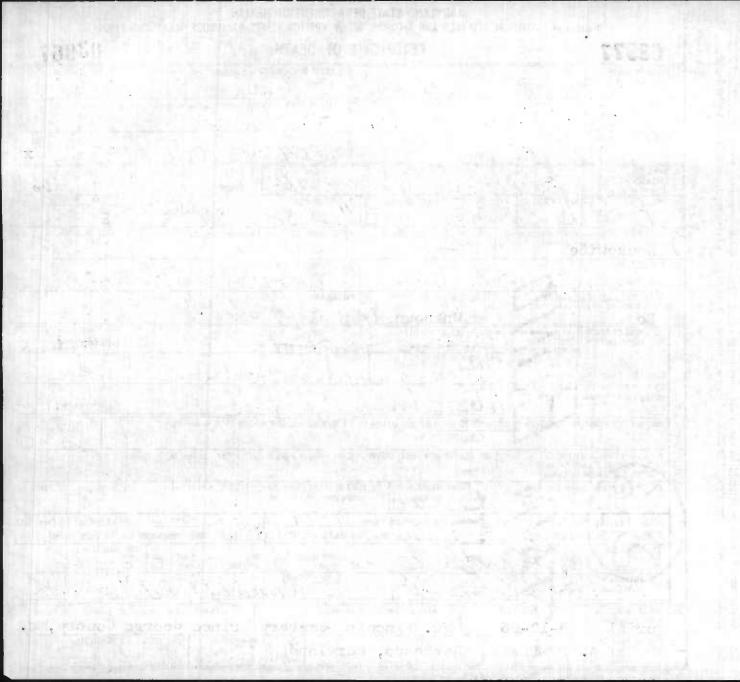
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

IMI		03977		CERTIFICATI	OF DEATH		113967
er deat		a. COUNTY	ontgon	DERY MARYLAND	a. STATE	pere deceased lived, if institut b. COU	ian: Residence befare admission)
ours aft		b. CITY OR TOWN IF OUTSI write RURAL and give	de carporate fignits, negreta town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out)	ide corporate limits, write RU	RAL and give neorest town)
427 min 72 h		d. NAME OF HOSPITAL OR	INSTITUTION (If not in haspit	ol, give street address)	d. STREET ADDRESS 7	osedale	AUE. e. IS RESIDENCE ON A FARM? YES NO
ent, with		NAME OF DECEASED (Type or print)	Bacba	ca House	RYNALE 8. DATE OF BIRTH	4. DATE OF Mani	Day Year 19 66 1 IF UNDER 1 YEAR IF UNDER 24 HRS.
any ev		F (DLOR OR RACE 7. MARRI WIDOW	DIVORCED	1/2/06	5 (ast birthday) yrs.	Manths Days Haurs Min.
and in	dur	I. USUAL OCCUPATION (Give ing most of working life, ex HOUSEWII FATHER: V NAME	en if retired)	o. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	2	COUNTRY? S.Q.
rransir permir. Then please remave carbon papers. Fages remartian, ar removal, and in any event, within 72 hours after		WAS DECEASED EVER IN U.	Cy Da	nders 16. SOCIAL SECURITY NO. 17-	INFORMANT	inia A	ayner
an, ar re		es, na, ar unknawn) (If yes	give war ar dates af service)	Unknown	aughtek-	JOANNE X	Janel 3
ransır p		PART I. DEATH WA	IMMEDIATE CAUSE (a)		en pon ad e		ONSET AND DEATH
burial,		Canditians, if any, which	e (a), (DUE TO	cssecting Au	evry su /	orta	20245
in ta		last. PART II OTHER SIGNIFICATION	(c)	NG TO DEATH BUT NOT RELATED TO		Ed ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
Health pric	CERTIFICATION	20g. ACCIDENT WAS UNDE		DESCRIBE HOW INJURY OCCURRED.	V		PERFORMED? YES NO
Dept. af h		OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDIC) 20c. TIME OF INJURY M	JSE OF DEATH AL EXAMINER)		ACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(County) (State)
be derached for use State Dept. of Health	MEDICAL	Haur a.m. p.m.	19 W		tary, street, affice bldg., etc.)	56. ta 3-10	, 19 6 that (1) (we) last
with the		saw the deceas		-(0 -)9(6, and the	at death accurred at	574 M, fram causes	and an the date stated abave.
filed w		22c. PHYSICIAN'S	of ogen	hur M		NED. STAFF PHYS.	3-10-66
should be filed	230	NAME (Type) , c	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY CREMATORY	23d. LOCATION (City or To	wn) (Caunty) (State)
# # M	24	REMOVAL (Specify) Burial FUNERAL DIRECTOR	3-12-66	Ft. Lincol	25g REC'D	Prince Geo	rge County, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03378	3		CERTIFICA	TE O	DEATH			1	13968	
	PLACE OF OEATH o. COUNTY Mon	tgomery		MARYLAND				eosed lived, if institut		e before odmissio	on)
	b. CITY OR TOWN (I	f outside corporate limit	s,	c. LENGTH OF STAY IN 1b	c. (TY OR TOWN (If ou	itside corpo	orote limits, write RUF	RAL ond give	neorest town)	
	Bethesd:	give neorest town)		56 days		Wash:	ingto	on	16	- 2	
-	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hosp	pitol, give street oddress)	d. S	TREET ADDRESS				e. IS RESIL	
	U. S. N.	aval Hospit	al		5	818 Winst	ton S	st., S. E.		YES	
	NAME OF	Fi	rst	Middle		Lost	4. DATE	Mont	th	Ooy Ye	ar
	DECEASED (Type or print)	Feli	x	Marvin	HO	WARD	DEAT	H March	29		66
S.	SEX	6. COLOR OR RACE	7. MAR	RIED INEVER MARRIED		E OF BIRTH	-	9. AGE (In years	IF UNDER 1 Months	YEAR IF UNDER Doys Hours	R 24 HRS. Min.
	Male	Cauc	WIDO	OWED OIVORCED	Dec	. 28, 19:	15	last birthdoy) yrs.	MOITINS	Doys Hours	Will.
10o dur	ing most of working	(Give kind of work done lite, even if retired) Na Vy	1	Ob. KIND OF BUSINESS OR INDUSTRY	11.	BIRTHPLACE (County Campobel)		foreign country) So. Caroli	(01)	ZEN OF WHAT	
-	FATHER'S NAME				14.	MOTHER'S MAIDEN			P 1	1-1-1-1	
	Green	R. Howard				Connie	e Bal	Llew			
1S. (Ye	WAS DECEASED EVE es, no, or unknown) Yes	R IN U.S. ARMED FORCES? (If yes give wor or dotes of WW II	of service		Mrs.		S. e L.	E, Washing	ngton 318 Wi	, D. C. nston St	t./
	Conditions, if ony, rise to immediations to the under lost.	e couse (o),	(a)	Bronchogenic car	CINC	IIRA				ONSET AND C	
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS (ONTRIBU	TING TO DEATH BUT NOT RELATED T	O THE TE	RMINAL DISEASE CON	NDITION GI	IVEN IN PART 1(o)		19. WAS AUTO PERFORM YES	OPSY IEO? NO 🔀
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF OEATH MEDICAL EXAMINER)	2	05. DESCRIBE HOW INJURY OCCURRE	D. (Enter	noture of injury in	Port I or P	Port II of item 18.)			
MEDICA	Hour o.n p.n	n. 19		While Not While of work	foctory, str	NJURY (Home, form eet, office bldg., etc.)		. (City or town)	(Cou		(Stote)
	21. 1 certi	fy that (1) (this has	pital) a	attended the deceased fram	Feb.	1,1	966	to Mar.29	196	o, that (4) (we) la:
	saw the de	eceased alive an_	Mar	. 29 19 66, and t	hat dea	th accurred at	10081	PM, fram causes			d abav
	220. SIGNATURE M.D. ATTENDING MEO. OIRECTOR DYNS. STAFF Mar. 30, 1966										
	22c. PHYSICIAN'S NAME (Type)		nerm	an, M. D.			val I	Hospital,	Bethe	sda, Md	
230	BURIAL, CREMATIC REMOVAL (Specify	1 4-1-	191	23c. NAME OF CEMETERY OF Arlington	Nat:	onal	A	location (City or To rlington,	Virgi	nia	Stote)
24	4. FUNERAL DIRECTO	R Lee Funer nd Massachu	al H	ome AODRESS D. s Ave., N.E. Was	C. hing	on DATE P	R 4	1966 25b. RE	GISTRAR'S SI	GNATURE es Judge	د

the filled in by the funeral open of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the f TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carby should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. Poge 4 may be retoined by the hospital or attending physicion.

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Page 183 Venda Film

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defined.

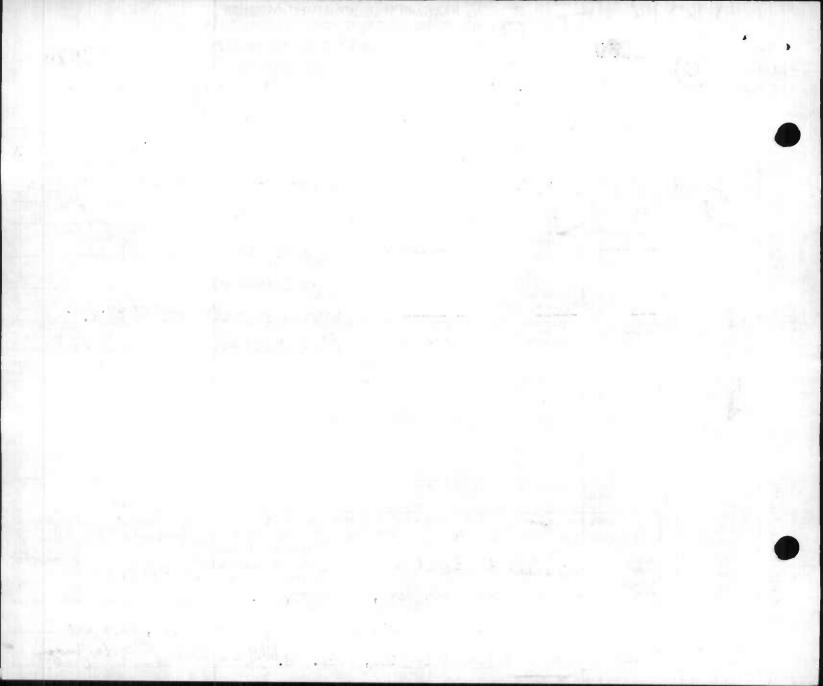
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AI5 (4) W 1/65 MARYLAND STATE D. ARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF OEATI a. COUNTY			* MARYLAND	2. USUAL RESIDENCE a. STATE Mary	E (Where deceased live	d, If institution: R	esidence before admission)
	b. CITY OR TOW write RURAL	N (if outside corporat and give nearest tow	e limits, n)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		nits, write RURAL	and give nearest town)
	d. NAME OF HOS	Spring SPITAL OR INSTITUTIO	N (if not in ho	espital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
		ss Hospital			2813-Unive	ersity Blv	d. West	ON A FARM? YES NO S
3.	NAME OF OECEASEO (Type or print)	Russe I	rst 1	Middle Porter	Last Howes	4. OATE OF OEATH Marc	Month h 9	Day Year 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	8. DATE OF BIRTH	9. AGE (In	years IF UNDER thday) Months	1 YEAR IF UNOER 24 HRS. Days Hours Min.
M	fale	White	WIOOWEO	DIVORCEO	Oct 8 1904	6/	yrs.	Days Hours Min.
10a dur	Ing most of work	ION (Give kind of work) Ing life, even if retire	done 10b. KI	NO OF BUSINESS OR IDUSTRY		ounty & State, or foreign		TIZEN OF WHAT
13.	arpenter. FATHER'S NAM	Foreman	IRLdo	. Constructio	14. MOTHER'S MAID	EN NAME	0.00	7
H	larry G. 1	Howes			Bessie But	t		
		EVER IN U.S. ARMEO FO		SOCIAL SECURITY NO. 17.	INFORMANT	28	Address	raitu Rlud
, ,	No	None		77-12-7519	Neva Virgini	a Howes Ke	nsington	MXXXXXX
				ne for (a), (b), and (c).]	1. 1.	1 -		INTERVAL BETWEEN ONSET AND DEATH
	PART I. OI	ATH WAS CAUSED BY IMMEDIATE CAUSE		nyocard	eal unf	arct		5 min.
	420	/ DUE		A112 -	, ()	0	1.	0 7
	Conditions, If		(b) A	SHUC	angena	Segna	rome	23yrs
	gave rise to cause (a), s		TO		1			0
	underlying caus		(c)		U			
LION	PART II. OTHER	SIGNIFICANT CONDITION		TING TO OEATH BUT NOT REL	ATEO TO THE TERMINAL C	ISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
ICAI		-						YES NO NO
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF DEATHER MEDICAL EXAMINATION	TH	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or P	art II of Item 18	.)
MEDICAL	Hour a.r		While	Not While facto	CE OF INJURY (Home, fa ory, street, office bldg., e	orm, 20f. (City or t	own) (Cou	inty) (State)
×	p.i		at work		Jan 11	965 to 3	3-9 106	2 6 that (1) (wa) last
		y that (I) (MIS nos t	Htal) attende	ed the deceased from			paucae and on t	that (I) (we) last
	22a, SIGNATU			A solution	t death occurred atz	in, from the c		ATE SIGNED
	9-	S. Hen	coplai	OR MIN. M.		MED. STAF		9-66
	226. PHYSICIA		1 Senas		22d. ADDRESS			
	NAME (T	George B	/ XXXXX	XXXXX	9241 Col	ubia Ave	5.5.	Md
232	a. BURIAL, CREM	ATION, 23b. OATE	HEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	(City, town or co	unty) (State)
	REMOVAL (Sp	March	2-1066	Fort Lincoln	Cemetery			. Md.
24	. FUNERAL DIRI	VIKETTETTE	404 GA	AVADDRESS	25a. REC	O'O BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE
- 14	arner E.	Pumphrey, I	nc Silv	er Spring, Md	OMAR	14 1966	Charle	Judge
							11	

dot a horse tere in relative to the desire sol Trop So witel And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th - 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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ltem MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. COUNTY b. COUNTY deloy is 0 96mery death MARYLAND Deportment c. LENGTH OF STAY IN 1b write RURAL and give nearest town) ROCKVIILE 2 Min d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? Office along with farm hours 608 Longwood Longwood NO A Item 18. Give Poges 24 hours ofter deoth. 3. NAME OF Twin Year DECEASED March Ubbarc 1966 d2 with th (Type or print) DEATH YEAR F UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? nfant Maryland .= Examiner's USA pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .= Caren Hubbard File and 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes of service removal Montgomery Montgomery Coun 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN cremotion, or rel ONSET AND DEATH Preumenia Bronchial. IMMEDIATE CAUSE (o) certificate should DHE TO Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse should be forworded WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES X 0 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. its designated agent, 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry D and in my opinion the funerol director. Notural causes death resulted from: Accident Suicide Hamicide | Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health or NAME (Type) Old Georgetown Road, Bethesdadress Miget, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) 3/21/66 Rockville Rockville 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15ME (5) Tyson Wheeler 1331 Rockville Pike, Rock.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and 31 and 31 any event, within 72 hours after detth.

		MARYLAND S	TATE DEPA	ARTMENT C)F HEALTH		
DIVISION OF	STATISTICAL	RESEARCH AN	D RECORDS, 3	301 W. PREST	ON STREET,	BALTIMORE	1, MARYLANI
000							479

CERTIFICATE OF DEATH	971
1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of t	e before admission)
MONIGOMERY MARYLAND B. STATE MARYLAND B. COUNTY	1 Library
b. CITY DR TOWN (if outside corporate limits, write RURAL and gweighted nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and gweighted nearest town)	ve nearest town)
I TAKOMA PARK BARS 25 MIN ADEL PHI 16-	2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS APT 32	e. IS RESIDENCE ON A FARM?
WASH. SAN. + HOSPITAL 1826 METZEROTT RD.	YES ND
3. NAME OF DECEASED (Type or print) JSRAFL JRVING HUBSHMAN OF DEATH MARCH 12	Year 19 6 6
5. SEX 6. CDLOR OR RACE 7. MARRIED 8. OATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR	IF UNDER 24 HRS.
MALE WHITE WIDOWED OIVORCED 4-21-05 Goys	Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	
during most of working life, even if retired) RESTAUDANT PENNA COUNTRY U. S	· A .
13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	7.
1 Emil HUBSHMAN ? Lustig	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes nive war or dates of service)	
No CHART (HOSPITAL RECORDS)	
	RVAL BETWEEN SET AND GEATH
PART I. OFATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CREDED LAND MOTHERS	- home
1. 443X OVE TO 11 Artanoschanding	
[Conditions, If any, which) (h) morteners can be warned been /	yes .
gave rise to Immediate cause (a), stating the DUE TD	
underlying cause last. (c)	
	WAS AUTDPSY PERFORMEO?
15 Amortonia Artenintendo Contro Logare Disery	S NO Z
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
2Da. ACCIDENT WAS INDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
2DC. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. 2Da. ACCIDENT WAS INDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED HOW INJURY (Home, farm, factory, street, office bldg., etc.) 40 41 42 43 44 45 46 46 47 47 48 48 48 48 48 48 48 48	
21. I certify that (I) (this hospital) attended the deceased from 6- , 1969, to 3-/2, 1966, t	nat (I) (we) last
saw the deceased alive on 3-/2-19-66, and that death occurred at 10.25 M, from the causes and on the da	e stated above.
22a SIGNATURE 22b. DATE S	GNED
M.D. ATTENDING MED. STAFF PHYS. 3-/2	-66
1 22d. ADDRESS NAME (Type) MONTON Altschuler 9205-New Houng Are-	Sitzfrig
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
REMOVAL (Specify)	/
1 112, 116, V () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / () / ()	ma
24. FUNERAL OIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SHO	1 1 1

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- 1		MARYLAND ST	TATE DEP	ARTM	ENT OF	HEALTH		
DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE 1	, MARYLAND
12022			IFICATE					113979

	11398	4		6	EKHILIC	AIL	UF DEATH			- 1/0	031	2	
1.	PLACE OF DEATH	1				1	2. USUAL RESIDENCE	E (Where d	eceased lived. If	institution: Re	sidence be	fore admission)	
a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY										
	Mont	gomery			MARYLA	NO	Vir	ginia		lpeper			
	b. CITY OR TOW Write RURAL	N (If outside corpora and give nearest to	te limits,	c. LEN	GTH OF STAY II	N 1b	c. CITY OR TOWN (If	outside co	orporate limits,	write RURAL	end give	nearest town)	
		nesda	1100	93	Days		Culi	peper			830-	3	
		SPITAL OR INSTITUTI	ON (if not	in hospital,	give street add	ress)	d. STREET AOORESS				θ. 1	S RESIDENCE	
	The Clini	cal Center	, Bet	hesda,	Maryla	nd	406	6 Maco	y Avenu	е	YES		
3.	NAME OF DECEASED	F	Irst		Middle	120	Last	4. DATE	Mo	nth	Day	Year	
	(Type or print)	I	aura		Louise		Hurt	DEAT	H Ma	rch	30	19 66	
5.	SEX	6. COLOR OR RACE	7. MARR	IED NE	VER MARRIED	XX 8	. DATE OF BIRTH	9). AGE (In year last birthda	IF UNOER		UNOER 24 HRS.	
	Female	White	WIDOW		DIVORCED		14 April 194	55	10 yrs.		Days	lours Min.	
108	. USUAL OCCUPAT	ION (Give kind of worling life, even if retir	(done 10	b. KINO OF	BUSINESS OR		11. BIRTHPLACE (C		z, or foreign cour		TIZEN OF UNTRY?	WHAT	
	Student				ployed		Virginia				U.S.A.		
13	. FATHER'S NAM			NOO CH	apay Jour		14. MOTHER'S MAIO						
	Werter	H. Hurt. J	r.				Susan Die	ckinso	n				
15	. WAS DECEASED	EVER IN U.S. ARMED F	ORCES?	16. SOCIAL	SECURITY NO.	17.	INFORMANT The	So i bel	1 Recor	icess			
(11		(IT yes give war or dates	or service)	Mana		m1.							
=	NO L 19 CAUSE OF	DEATH [Enter only o		None	(a) (b) and (a)	1 1	e Clinical (Jenter	bethe	soa, Ma	INTERV	AL BETWEEN	
		ATH WAS CALISTO D							5000		ONSET	ANO DEATH	
	PART I. U	EATH WAS CAUSED B IMMEDIATE CAUSI	(a) ACT	ite mu	ltifocal	he	emorrhagic p	neumo	nia		One	week	
	204		TO										
	Conditions, If			m+ n 1	ampho ord	110	leukemia				6 V	ears	
		Immediate /		CULLE I	Ambuoca	LC	Tenkenta						
	cause (a), si	rating mo	E TO										
2	underlying caus		(c)								140 11	AR AUTOROV	
100	PART II. OTHER S	es of live	ONS CONT	RIBUTINGTO	DEATH BUT NO	TRELA	TEO TO THE TERMINAL (DISEASE CO	NOITION GIVEN	IN PART 1(a)	19. W	AS AUTOPSY ERFORMEO?	
ICA											YES		
늗	20a. ACCIDENT	WAS UNDERLYING	200	DESCRIE	BE HOW INJURY	OCCU	RREO. (Enter nature of	f Injury In	Part I or Part I	I of Item 18.			
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DE	INER)										
MEDICAL	20c. TIME OF	INJURY Month, Day,	Year 20	d. INJURY C	OCCURRED 200		CE OF INJURY (Home, fa		(City or town)	(Соц	nty)	(State)	
B	Hour a.r		WI	nile No	t While	factor	ry, street, office bldg., e	tc.)					
2	p.1				t work	2	7 December 1	2 6 E .	20 Mar	anh 10	46 11 -1	WV(us) loss	
							death occurred at						
	22a. SIGNATUI		arch	20	19_00, and	d that	death occurred at	AM	rom the caus		TE SIGN		
	ZZZ. SIGNATUI	al Ant	7/	16	110-			MED.	STAFF PHYS. X			1966	
	22c. PHYSICIA	N'S	4	111	WY!	M.D		Che Cl	inical				
	NAME (T)	Robe	rt C.	Gallo	M.D.		Institutes						
238	BURIAL, CREM	IATION . 23b. OATE				ETERY	OR CREMATORY		LOCATION (CIty			(State)	
	REMOVAL (Spe	April	2. 7	966	Stepens	3 h17.1	ra Baptist	St	evensh	ura. I	rira	inia	
	. FUNERAL DIRE	CTOR	A	4	AOORESS		25a. REC	C'D BY REG	evensbi	REGISTRAR'	SIGNAT	URE	
	Clore F	uneral Ho	meleo	Sougr	lpeper	, 1	Ta. DARK	4 1	966 40	Marley	Jus	ge.	
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MARYLAND STATE DEPARTMENT OF HEALTH

03983		E OF DEATH	03973
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if ins o. STATE District of Column 1.	COUNTY VINDIA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town). Bethesda (Rural)	c. LENGTH OF STAY IN 16 1 Yr. 7 Das.	c. CITY OR TOWN (If outside corporate limits, write Washington	47-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho U. S. Naval Hospital	spital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO THE
3. NAME OF First DECEASED (Type or print) Victoria	Middle Brunk	Last 4. DATE OF	Month Day Year arch 17 19 66
S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED NOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In year last pirthdo	IF UNDER 1 YEAR IF UNDER 24 HRS.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) Manchester, England	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Gibson		14. MOTHER'S MAIDEN NAME Belle Brunk	
(Yes, no, or unknown) (If yes give war ar dates of service	(a)	Mr. Fred Hutcheson, 1734	Address Kentland, Md. Kilmer St.,/
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: H 5	Bronchial pneumo	onia Posterior Cerebral Arter	interval between onset and death 53 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Hour a.m.	205. DESCRIBE HOW INJURY OCCURRED	. (Enter noture af injury in Part I or Port II of item 18	.)
p.m. 17	While at work at wark	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	
21. I certify that (this hospital) saw the deceosed alive on Max	attended the deceased fram_	Mar. 9 , 19 65, to Mar. of death occurred at 800A M, from cou	ses ond on the dote stated abave
	Sanuor "	A.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED Mar. 18, 1966
22c. PHYSICIAN'S NAME(Type) W. L. Bra	nnon, M. D.	U. S. Naval Hospital	, Bethesda, Md.
23a. BURIAL, CREMATION, REMOVAL (Specify) 3-2/-	111 77116 0011	National Arlington	. Virginia
A. FUNERAL DIRECTOR Windson/ Demai	ine Fune Ports Home gton St., Alexand	2Sa. REC'D BY REGISTRAR 2St	Actionly Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages I and should be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after death Page 4 may be retained by the hospital or attending physician.

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	MARYLAND ST	TATE DEP	ARTM	ENT OF I	HEALTH		
DIVISION OF STATISTICAL						1, MARY	LAND
02081	CERT	IFICATE	OF	DEATH		1):	207

03984 CERTIFICAT	E OF DEATH	113974
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: I a. STATE b. COUNTY	Residence before admission)
Montgomery MARYLAND	a. STATE b. COUNTY Maryland Prince	Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	9
Bethesda 14 days	Forestville	16 - X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	8107.	ON A FARM?
The Clinical Center, Bethesda, Md. 20014	Total Darcy Road	YES NO X
3. NAME OF FIRST Middle DECEASED	Last 4. DATE Month	Day Year
	Hutchison DEATH March	9 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
Male White WIDOWED DIVORCED	15 January 1911 55 yrs.	7717511 05 1171147
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Self-Em	11. BIRTHPLACE (County & State, or foreign country) 12. C	OUNTRY?
Painter (General) Hospitalia 13. FATHER'S NAME	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Leonard Hutchison	Minnie Simpson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITYNO. 17. (Yes, no, or unknown) (If yes give war or dates of service) 15. 17. 17.	INFORMANT The Medical Reconders	
No Not Available T	he Clinical Center, Bethesda, 1	Md. 20014
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	edema	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Herniation of intre	acranial contents secondary to	72 hours
355 X DUE TO		0/
cenditions, if any, which gave rise to immediate (b) Status post right	parietal craniotomy	36 months
cause (a), stating the DUE TO		,
	al tumor of the brain	6 months
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18	8.)
Hour a.m. While Not While	ACE OF INJURY (Home, farm, 20f. (City or town) (Co ory, street, office bidg., etc.)	ounty) (State)
21. I certify that () (this hospital) attended the deceased from F	ebruary 23 19 66 to March 9 19	66 that 00 (we) last
saw the deceased alive on March 9 1966, and the	at death occurred at 6.94M, from the causes and on	the date stated above.
22a. SGNA[URE]	22b.	DATE SIGNEO
I toku Mil) au touren	D. ATTENDING MED. STAFF DIRECTOR PHYS. AT 19 ME	arch 1966
22c. PHYSICIAN'S	22d. ADDRESS The Clinical Center	, National
NAME (Type) John Van Buren, M.D.	Institutes of Health, Bethe	sda, Md. 20014
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
Burial 3/12/66 Epiphany Co	emetery Forestville	Md.
24. FUNERAL DIRECTOR ADDRESS		
Ritchie Bros. Upper Marlboro. Md.	DATEMAR 15 1966 Ichian	les Judge

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Burist 3/12/65 spiplishy Campbery Porestville Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE AAA. b. COUNTY
Montagnery MARYLAND	MARYLAND Montoemeky
D. CITY DRYOWN (if outside obsporate limits, write RORAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
TAKOMA PARK 9 HOWRS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Silver Spring 15-1
	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Washington Sanitapium + Hospital	9131 BRADFORD Rd YES NO
3. NAME OF First Burdelle (Type or print) The Burdelle	Last 4. DATE Month Day Year DF DEATH MARCH 19 19/6
CON NOVEMBER AND	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
/ MARRIED NEVER MARRIED	2 L V Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS OR	11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
School Inspector Montgomery Schools	10 WA U.S.
T	2.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 12.	INFORMANT Address C MI
(Yes, no, or unkown) (If yes give war or dates of service) No None 214-03-8553	die M. Hyde 9131 Bradford Rd. S. S., Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	nonary Edema 12 hours
1/300	Monary E comes
Conditions, If any, which) DUE TO Chronic Arterio	escleratio Heart Disease 10 yrs
gave rise to immediate (Screen to the second
cause (a), stating the underlying cause last. (c) Generalized	Ar teriosclerosis "
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICAT	YES NO
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIB	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour a.m. p.m. 19 While Not While at work	ij, street, unice biog., etc./
	June 1940 to 3-19 1966, that (1) was last
	death occurred at // 4M, from the causes and on the date stated above.
22a BIGNATURE	1 22b. DATE SIGNED
flex hoemaker MID M.D	
PHYSICIAN'S (MANEGYPE) STORY AND AND AND AND AND AND AND AND AND AND	22d. ADDRESS
1791 C. STOCHORETTINO	100 DOCHATON LOST LOST ON WHAT AND ON WHAT IS COLOR
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	2 2 2 2 41
24. FUNERAL DIRECTOR March 22, 1966 Fort Lincoln	
Warner E. Pumphrey, Inc. Silver Spring.	MAR 2 4 1968 Icharles Judge
warner (. Fumphrey, Inc. Tilver Spring,	Md. DAMAR 24 1968 Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

vision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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03986	3
PLACE OF DEATH o. COUNTY	
b. CITY OR TOWN (1) write RURAL ond	9
S. NAME OF HOSPITA	L
NAME OF	

BURIAL, CREMATION

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY MARYLAND utside corporat c. LENGTH OF STAY IN 1b TOWN (If autside corparate limits, write RURAL and give neorest ve neorest 16-wn) d. STREET ADDRESS TION (If not in hospital, give street address) Lost DATE Month DECEASED DEATH (Type ar print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthdoy) DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY MOTHER'S MAIDEN NAME 13. FATHER'S NAMI WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, ar unknown) (If yes give wor or dotes af service 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour a.m. foctory, street, affice bldg., etc.) Nat While at work of work 21. I certify that (I) (this hospital) attended the deceosed from and that death accurred of 1003M, from causes ond on the dote stoted above. saw the deceased aliveron. 22a. SIGNATURE M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

TO FUNERAL DIRECTOR: After directar, page 3 shauld be filed v VR A15 (4) 20 M 1/66

within 24 haurs after death.

executed

requires that the death certificate be

ATTENDING PHYSICIAN: The law

TO HOSPITAL

funeral

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attending parent. The

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NAME OF CEMETERY-OR CREMATORY

DATE THEREO

2So. REC'D BY REGISTRAR

OCATION (City or Town

2Sb. REGISTRAR'S

22b.

(County)

DATE SIGNED

e. IS RESIDENCE

YES 🗌

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPS!
PERFORMED?

19____, that (I) (we) last

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(Stote)

IF UNDER 1 YEAR

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12. CITIZEN OF WHAT

COUNTRY?

ON A FARM?

1966

F UNDER 24 HRS

1139211 A COUNTY OF THE PARTY OF THE PA SAC A SECURITION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O

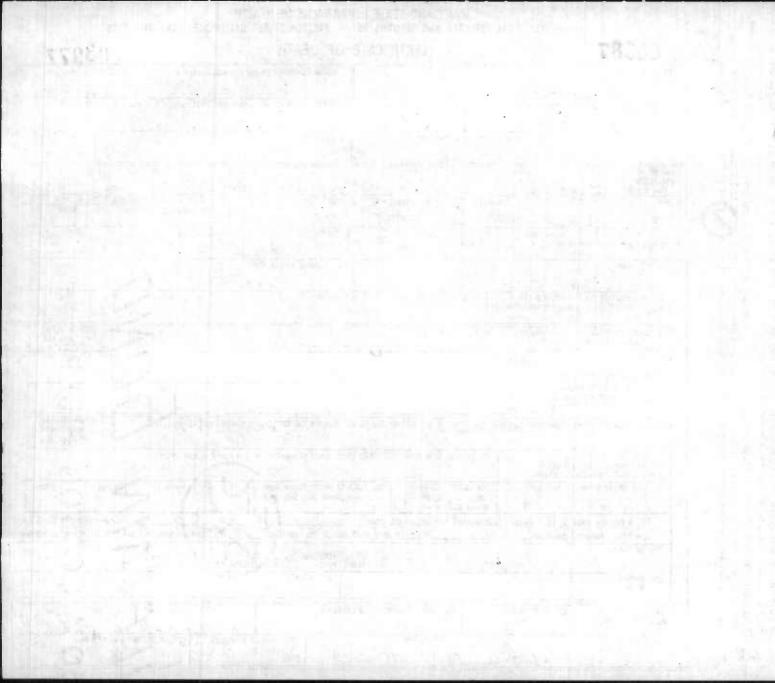
		MARYLAND STATE DEPARTMENT OF HEALTH	
17	(NA)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	21:
-	IAI	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2 CERTIFICATE OF DEATH	

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VR A15 (4) 20 M 1/66

03987	CERTIFICATE	OF DEATH		03977					
1. PLACE OF DEATH a. COUNTY Montgomen	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived, if institution b. COUN	an: Residence before admission) TY Montgomery					
b. CITY OR TOWN (If outside carporate limits, write RURAL one give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side carporote limits, write RUR.	AL and give nearest town)					
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street address)	d. STREET ADDRESS	a ragua co	e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print) Sarah	Middle Jac	bean	4. DATE Month OF DEATH Man	Day Year					
7. 12.	ARRIED . NEVER MARRIED . 8	B. DATE OF BIRTH	9. AGE (In years last birthday) 5 9 yrs.	Manths Oays Haurs Min.					
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	mar	Stote, ar fareign/cauntry)	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME William Ja	ckson	14. MOTHER'S MAIDEN NA	up -						
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give wor ar dates af servi		NFORMANT	Addres	\$S					
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (c)	line for (o), (b), and (c).) Rheumatic valvula	r heart diss	ea se	INTERVAL BETWEEN ONSET AND DEATH VEAR'S					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)				19. WAS AUTOPSY PERFORMED? YES X NO					
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature at injury in Pa	art I ar Part II at item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)					
saw the deceased alive an3/	21. I certify that (I) (this haspital) attended the deceased fram 3/1, 1966 to 3/2, 1966 that (I) (we) last								
220. SIGNATURE William Hankel 22c. PHYSICIAN'S NAME (Type)	M.E		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 3-3-66					
230 BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OT CEMETERY OR OF CEMETERY OR OF CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY OR OT CEMETERY	rove	23d. LOCATION (City or Town	He Monta Md					
Kobert L. Survede	a Rockyle 1	A. DATE	BY REGISTRAR 25b REG	GISTRAR'S SIGNATURE					



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN HEALTH PLACE OF DEATH o. COUNTY PM3. Page o MARYLAND delay Department and

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY monlgomer c. LENGTH OF STAY IN 16 CITY OR TOWN If outside corporate lin limits, write RURAL pool give nearest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS NO F 3. NAME OF Middle 4. DATE Month Year DECEASED 1966 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR DATE OF BIRTH 9. AGE (In years RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (State or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service same as CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEE Embolism-Recuit PART I. DEATH WAS CAUSED BY w/12017214 IMMEDIATE CAUSE (o) DIJE TO of Liver with Metastosis Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? CERTIFICATION NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X ond in my opinion Notural couses deoth resulted from: Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER JOHA NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION DATE THEREO! 23d tOCATION (City or Town) (County) (Stote)

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FUNERAL DIRECTOR: Page

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in Item 18. Give Pages 1,

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executed within in pencil

This certificate shauld be

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EXAMINER:

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the funeral directar.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 73 death. and 2 funera PLACE DF DEATH 1. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY after the MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b by within 72 hours write RURAL and give nearest town) hours M 드 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS completely ove carbon p within NAME DE DATE First Middle Month Last 4. DECEASED DF event, (Type or print) DEATH executed sician and con lease remove and in any eve 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | WIDOWED I DIVORCED (5) physician please r 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe and during most of working life, even if retired) INDUSTRY OUSEM certificate FATHER'S NAME removal. MOTHER'S MAIDEN NAME attending parmit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY ND. 17. INFORMANT the attendit permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) been signed by the attraction the burial-transit permion to burial, cremation, o CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) 01 DUE TO Cenditions, If eny, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last, has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) this certification detached for the Dept. of F DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. After Id h Not While ATTENDING retained by 19 at work at work p.m. DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred a MANN, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE pe page ATTENDING M.D. PHYS. DIRECTOR PHYS Page 4 may 1 director, pag should be fil PHYSICIAN'S 22c. 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City, town or county) REMOVAL (Specify) Snow It. ADDRESS 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE

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12. CITIZEN OF WHAT

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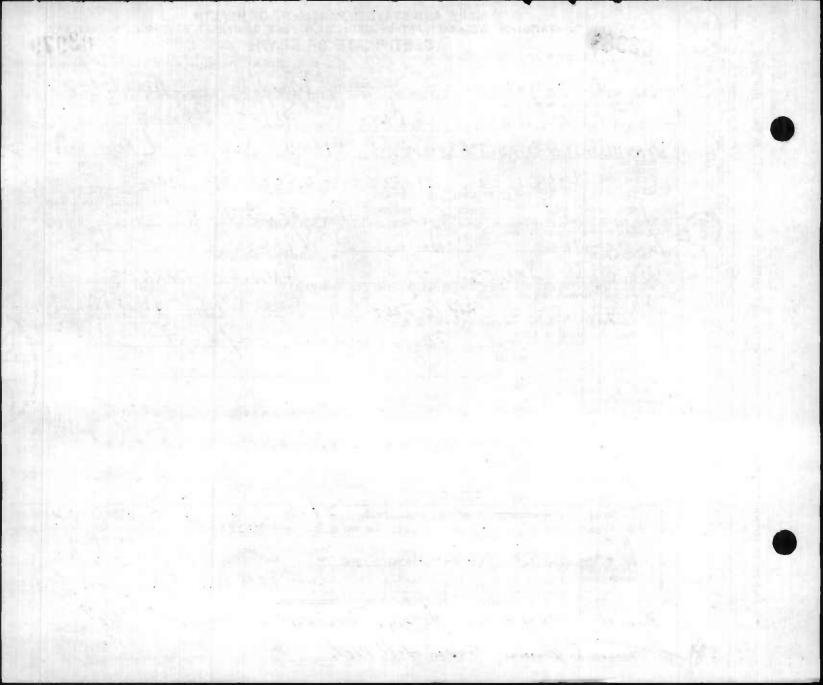
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

	03990		CERTIFICA	ATE OF DEAT	H		() 3	3980
1.	PLACE DF DEATH a. COUNTY		MA DVI AN	e.STATE	NCE (Where decease	b. COUNTY		
-	b. CITY Of TOWN (if outside con write RURAL and give neares	rporate limits.	MARYLAN c. LENGTH OF STAY IN		If outside corpora	ate limits, write R		
_	CILVER SPRING		13 Hours	Silver	SpR	ng	15-	-/
	d. NAME OF HOSPINAL OR INSTI	IUTION (if not in h	ospital, give street addr	ess) d. STREET ADDRESS	s /	V		IS RESIDENCE ON A FARM?
	Holy Cross 1	tospital		26098	INORA	Street	YE	s No K
3.	NAME OF DECEASED	Firet .	Middle	Lest	4. DATE	Month	Day	Year
	(Type or print)	25	Germanas	KARCh	DEATH	MARCH	3	19 66
5.	SEX 6. COLOR OR R	ACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	1805 9. A	GE (In years IF UI	IDER 1 YEAR IF	
10	14/e white	WIDOWED	DIVORCED IND OF BUSINESS OR	September 1. BIRTHPLACE (7 10 10 X	st birthday) Mon	ths Days	Hours Min.
du	ring most of working life, even if a	retired)	NDUSTRY	EL. BIRTHPLACE (County & State, or	toreign country)	COUNTRY?	WINI
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	etired Inter	ion Dep	partment	MARY	and		14.5,0	<u> </u>
13	. FATHER'S NAME	/		14. MOTHER MA	IDEN NAME			
	Jacob Karch			Mary Lu	ben			
15 (Y	5. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT		Address	lnora S	+
1	yes WW1		17-44-0478	Mrs. Evelun &	X B Kar		Md.	12.
	18. CAUSE OF DEATH [Enter on	ly one cause reg l		0 1	2 /			AL BETWEEN
	PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY:	ruto mus	worden link	~ In 1	Olicion.	ONSET	AND DEATH
4	H201		119	O carrier	Gran	The same	7	
	Conditions, If any, which \	DUE TO	t on a. r. VI	12ton 11	oas &	Dison	door.	
	gave rise to immediate	(b) (b)	corcurage	vary A	cog-	Jane	and t	
	cause (a), stating the underlying cause last.	DUE TO					15.00	
N N	PART II. OTHER SIGNIFICANT CON	(C)	ITING TO DEATH BUT NOT	DELATED TO THE TERMINAL	DISEASE CONDIT	ION CIVEN IN DADT	1(a) 119. W	WAS AUTOPSY
CERTIFICATION	TAKT II. OTTLER SIGNITIONAL CON	DITIONS CONTRIBE	JIM TO DEATH BOTHOT	KELATED TO THE TERMINAL	DISEASE CONDIT	IONGIVENINTAKI	P	PERFORMED?
18	CO. ACCUPANT WAS UNDERLYIN	10 57	DECORPORATE AND AND AND AND AND AND AND AND AND AND				YES	□ NO □
ERT	20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	DEATH 200. L	DESCRIBE HOW INJURY	OCCURRED. (Enter nature	of Injury In Pert	or Part II of Ite	n 18.)	
1								
MEDICAL	20c. TIME OF INJURY Month, Hour a.m.			PLACE OF INJURY (Home, factory, street, office bldg.,	farm, 20f. (Cit	y or town)	(County)	(State)
MED	p.m.	19 While at work	Mor Authe			. , .		
	21. I certify that (i) (this	heestral) attende	ed the deceased from	Janley,	19.52, to	3/3/,		t (I) (🖚) las
	saw the deceased alive or	1 3/3	19 6 and	that death occurred at	10 PM, from			
	22a. SIGNATURE	// /		ATTENDING &	MED.	STAFF - 1		ED
	/ Selellen	17,16	eap	M.D. PHYS.	DIRECTOR _	PHYS.	AR, 3,	1966
	PHYSICIAN'S NAME, (Type)	2 050	D ND	22d. ADDRESS	1	m C	/	
	I WELDEN I	, KCA	1Mil.	nine	reon,	1100		
23	a. BURIAL, CREMATION, 23b. D REMOVAL (Specify)	ATE THEREOF	23c. NAME OF CEME	TERY OR CREMATORY		TION (City, town o	r county)	(State)
	Birial Rusic March	4.7. 1966	Porrain Da	* Cemetery	Baltin		uland	
24	. FUNERAL DIRECTOR	inias S	3434 Georgia	Anonno 25a. R	EC'D BY REGISTR	AR 25D. REGIST	A A	URE
1	Harner & Dumphre	24 940 8	Je Granta	- MJ DATE	D 7 198	SA VICLO	relan lu	392

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the angevent, within 72 hours after death.

DARET Maryland Montgomony Montgomory Silver Spring Silvere Spaint Silver Spring Silver Spring Holy Cross Hospital 2609 Elnord Street James G. KAROK MARCH mele where September 1/191 70 Relixed - Interior Deportment Many land 145.8. 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rage 4 may be retained by the hospital of attending physician.

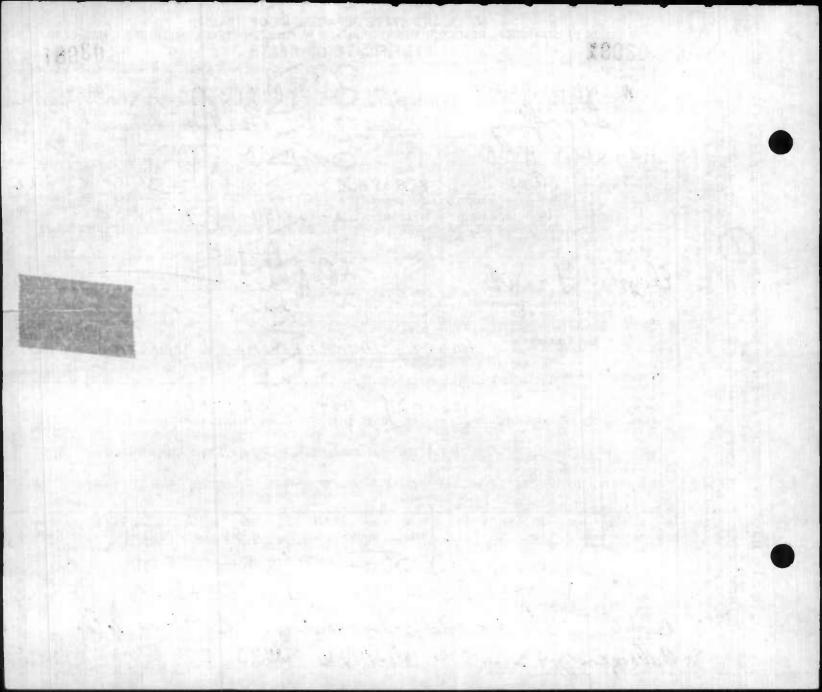
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03991 CERTIFICATE OF DEATH

PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
MONIT GOMERY MARYLAND	a. STATE MARY CAND b. COUNTY MONT.
b. CITY DR TOWN (if outside corporate limits. c. LENGTH DF STAY IN 1b	c, CITY DR TOWN (If outside corporate limits, write RURAL and give pearest town)
write RURAL and Rive nearest town)	VHD, B. D. M. Rolle
d. NAME OF HOSPITAL OR INSTITUTION AT not in hospital, give street address)	d, STREET ADDRESS e. IS RESIDENCE
11-1-1 00000 11 62	COMMINE CRAIM!
	1120 110
DECEASED (Type or print) ROSE KASSAN	
6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. 1 2 -2 4 - 9 4 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
during most of working life, even if retired) INDUSTRY	RUSSIA COUNTRY?
13. FATHER'S NAME	14.) MOTHER'S MAIDEN NAME
2011	14.) MOTHER'S MAIDEN NAME
Cleyonin of rand	reserra -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address .
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	TRARCIAL LAFARCTION DISET AND DEATH
4201	SCARCIAL LAFARCTION
Cenditions, If any, which	
gave rise to Immediate	4
cause (a), stating the DUE TO	D1600 D0010
underlying cause last. (c) CORBNARY /+	RTERIOSCLEROSIS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)
	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20d. Injury Occurred 20d. PLAN factor 20d. Injury Occurred 20d. PLAN factor 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d. Injury Occurred 20d.	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	10NE , 1964, to 3 -6 , 1966, that (1) (we) last
	death occurred at 11 55 A.M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Herry Herry	ATTENDING MED. STAFF PHYS.
22c. PHYSIQIAN'S	22d. ADDRESS
NAME (Type) BERNARD IT. OSTROW	8107 CASTERM HUE
	OR CREMAIDRY 23d. DCATION (City, town or county) (State)
Burish 3/8/66 Ideliero Friena	Chis Cem. Baltimore M.S.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
16 11 11 Cl A	/W DAMAR 9 1956 Scharles Judge
MAN LANGE COLOR TRANSPORTED IN	TOO TOO TOO



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicing and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
3992	CERTIFICATE OF DEATH	0338

a. COUNTY Montgomery MARYLAND	a. STATE Maryland b. COUNTY Montgomery						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Bethesda 4 days	Bethesda /5-/						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
Congressional Manor	9222 Shelton Street YES NO ☑						
3. NAME OF FIRST MIDDLE M. KATRO							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. Hours Min.						
Female White WIDOWED DIVORCED	715.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Penna. U. S.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Michael Kurrila	Anna (Unknown)						
(Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Husband Address						
No Unknown Ra	alph A.Katrosh Same as Item 2.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIR	ATORY ARREST TO NIVIES						
331 X DUE TO 1/10	- Paul						
Conditions, if any, which gave rise to immediate (b)	TIC NEUMONIA DUAYS						
cause (a), stating the underlying cause last.	ASCULAR ACCURENT BNEEKS						
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
E RECENT SUBDURAL HEMATON							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI RECENT SUBDURAL FEMATON 20a. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SURRED. (Enter nature of Injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, cory, street, office bldg., etc.) (City or town) (County) (State)						
p.m. 19 at work at work							
21. I certify that (I) (this hospital) attended the deceased from	6c. 23. , 1965, to March 14, 1966, that (1) (we) last						
	at death occurred at 200 M, from the causes and on the date stated above.						
22a. SIGNATURE PERL Auron M	D. ATTENDING MED. STAFF 22b. DATE SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS.						
22c. PHYSICIAN'S JOSEPH D. CONNOR	9420 Old Georgetown Rd. Maryland						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER							
Burial-transit 3-15-66 St. Stepher	ns Cemetery Lehman, Penna.						
24. FUNERAL DIRECTOR ADDRESS ROBERT A. PUMPHREY Bethesda, Ma	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
RODERT A. FURTREL DECIRESCE, 14	ROBERT A. PUMPHREY Bethesda, Maryland MAR 17 1966 Cliarles Judge						

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03998	Ttems	13 CERTIFICAT	E OF DEATH mh	1	3983
5. 10a	Write RURAL G. NAME OF HOS NAME OF DECEASED (Type or print) SEX L. USUAL OCCUPATION	PITAL OR INSTITUTION (if not In A S TO S TO S FIrst C. COLOR OR RACE TO MARRIE WIDOWE ION (Give kind of work done 10b.)	MARYLAND C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b A Middle Middle MEVER MARRIED DIVORCED KIND OF BUSINESS OR))/E4/00 Jul	E THORPE E Month TH MARCH 9. AGE (In years IFUNDER: Months yrs. yrs. ate, or foreign country) 12. C!	e. IS RESIDENCE ON A FARM? YES NO Day Year 1966 YEAR IF UNDER 24 HRS. Days Min. TIZEN OF WHAT
dui	ing most of worki	ng life, even If retired)	INDUSTRY O.	()iRGiN		UNTEXT A.
15	FATHER'S NAMI Da . WAS DECEASED E	vid N. King	5. SOCIAL SECURITY NO. 17.	14. MOTHER'S MAIDEN NAME ESTELLA DI INFORMANT YAE KING	xon 84Gress 84GFE	ETHORPE
		DUE TO DUE TO DUE TO DUE TO DUE TO		orrhage right ce	rebral	ONSET AND DEATH
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS CONTRI			20 3	19. WAS AUTOPSY PERFORMED?
	20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING 20b. NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in		
MEDICAL	20c. TIME OF I Hour a.m p.m	while	e Not While facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	. (City or town) (Cour	nty) (State)
	saw the dec	Eury C Ser	eggotus M.t	t death occurred at 725PM, ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS Geor	STAFF 22b. DA	TE SIGNED G G G G
238	BURIAL, CREM REMOVAL (Spe Remova FUNERAL DIRE	3/19/1966	Ship to	OR CREMATORY 23d.	LOCATION (City, town or country) Norfolk, Virginal City (City)	nty) (State)
W	• Ernest	Jarvis Co., Inc.	. 1432 You St.	N.W. DATMAR 21	1966 Milant	es Judge

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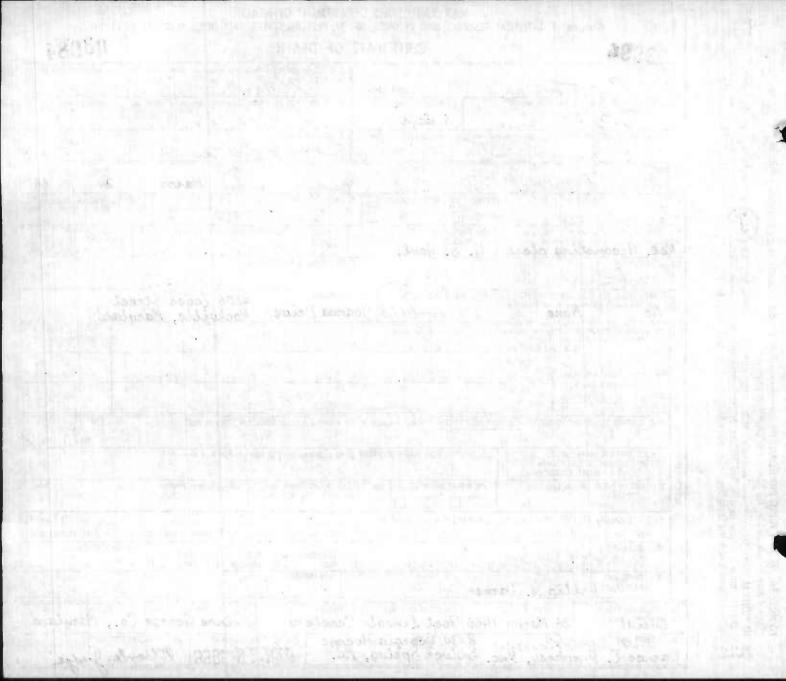
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03994	CERTIFICATE	OF DEATH		03984
1.	PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	o. STATE Mary	deceased lived, if institution: Resi	contigonery
97	b. CITY OR TOWN (If autside arparate limits write RURAL and give decress town) d. NAME OF HOSPITAL/OR INSTITUTION (If not in I	c. LENGTH OF STAY IN 1b 5 days naspital, give street address)	d. STREET ADDRESS	corporate limits, write RURAL and	e. IS RESIDENCE
	Sabuchan		48066	ades St	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Mannie	mentle 1	1	DATE Month OF March	Day Year 24 19 66
7	Female W W	DIVORCED DIVORCED	DATE OF BIRTH 1/26 /189	3 73 birthdoy) Month	
du	a. USUAL OCCUPATION (Give kind af wark done ging most af working life, eyen if retired) Ket. Accounting clerk	106. KIND OF BUSINESS OR U.S. Gout.	11. BIRTHPLACE (County & Star	te, artoreign country) 12.	COUNTRY? 4.54
13	A. FATHER'S NAME	Jessie	14. MOTHER'S MAIDEN NAME	Counts	
15 (У	was Deceased Ever IN U.S. ARMED FORCES? (es, nwar unknown) (If yes give war or dates of serv	(co)	- n	1806 Eade Add Street Rockville, Mary	1
	IB. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or line for (a), (b), ond (c).)	y edema		INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave isse to immediate cause (o),	Carcinoma	metasta	to lungs	Cones.
	stating the underlying cause DUE TO (c) _	Carcinoma	, Colon		37/18,
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR				19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Port I	or Port II of item 18.)	
MEDICAL	p.m.	While Nat While otwark at wark	E OF INJURY (Home, farm, pry, street, office bldg., etc.)		(County) (State)
	21. I certify that (I) (this haspital saw the deceased alive an				
	22a. SIGNATURE Philip &	f. Carner, M.O	11112.	CTOR STAFF 22b.	3/24/66
L	22c. PHYSICIAN'S NAME (Type) Philip H. Ua	rner	10620 Hea	squa aux, Whe	aton, mil.
	da. BURIAL, CREMATION, 23b. DATE THEREOF 26 March	1966 Fort Lincoln	Cemetery 1	23d. LOCATION (City or Town) Prince George C	
N	Varner E. Pumphrey, In	c. Silver Spring, 1	Ad I	8 1956 SChar	Les Judge
				U	0

"NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please tempte carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after dept Page 4 may be retained by the hospital or attending physician. TO HOSPITAL OR E

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPAR

VS A15 (4) 1SM 9/S8

TM	ENT OF HEALTH	-BAL	TIMORE, 1	8	-0.7		
CA	ATE OF DEATH			Reg. Di	st. No.	398	55
ND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday Monday						
1b	c. CITY OR TOWN (If or	itside corpo	prote limits, write RI	JRAL ond	give ned	rest town)
	SIIVER SPRING 15-1						
	d. STREET ADDRESS		hersT			e. IS RESI ON A YES	DENCE FARM? NO
	Last	4. DATE OF	Mon		Day	y Y	'ear
Ko	urpias	DEATH	Ma	rch	31	1	966
	B. DATE OF BIRTH Aug 28, 196	1	9. AGE (In years lost birthdoy)	Months	Doys	Hours	R 24 HRS. Min.
_	TRY 11. BIRTHPLACE (Stote		country)	12. CIT	IZEN OF	WHATC	OUNTRY?
	GREECE			B	Re	000	
	14. MOTHER'S MAIDEN N	AME					
Ge	nformant orge Kourpias	1040 Silv	o Amherst er Spring	"Avei	ше		
					INTE	RVAL BE	

24 hRS WAS AUTOPSY PERFORMED?

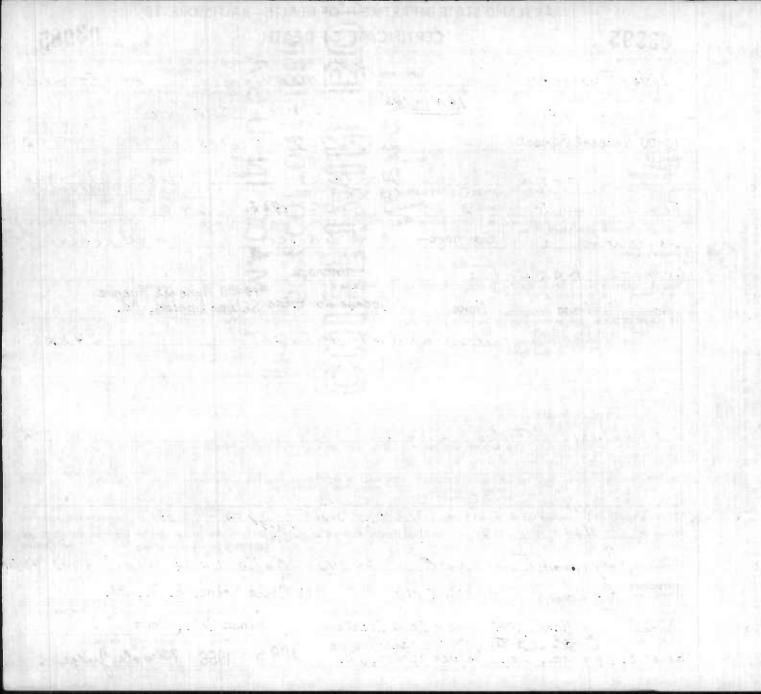
YES NO DE

(County) (Stote)

6 39 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

Colle DRIVE wheaton mo

ORY		City, town, or county)	(Stote)
ry	Sioux Ci	ty, Iowa	
0	24g. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
03336	RESEARCH AND RECORDS, 301 W. PRESTON STREET CERTIFICATE OF DEATH	03986

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. CDUNTY
	Montgomery Maryland Maryland	Maryland M ntgomery
	b. CITY OR TOWN (if outside corporate limits, 1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	
_	SILVER SPRING d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address)	SILVER SPRING d. STREET ADDRESS lo. IS RESIDENCE
	HOLY CROSS HOSPITAL	d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
		2445 Littonsville Rd.S.S.Md.YES NO.
3.	NAME OF FIRST HOWARD MIDDLE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	Last 4. DATE Month Cay Year
	(Type or print) Eugene X Kracko	
	SEX 6. CDLDR OR RACE 7 MARRIED 12 NEVER MARRIED 17 1	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIODWEO ON ONORCEO	last birthday) Months Days Hours Min.
10:	1. USUAL OCCUPATION (Give kind of work done 10b. KINO DF BUSINESS OR	77/14 57 yrs. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
dur	ing most of working life, even If retired) INDUSTRY	CDUNTRY?
	taxicologist U.S.Govt	Brooklyn, N. Y. U.S.A. 14. MÖTHER'S MAIDEN NAME
13.	FATHER'S NAME	
	MOrris KRACKOW	Ann Seligman
	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITYND. 17. is, no, or unknown) ((If yes give war or dates of service)	INFORMANT Addres 445 LITTONS VILLE
(10	no ne	S. AUDREY RUTH KRACKOW
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	len fibrillation Montes
	4201 OUE TD 0 2 M	
	Conditions, If any, which (b) Carlo Myoca	dul roctoma
	gave rise to immediate cause (a), stating the DUE TD	4
	underlying cause last. (c)	arlen desare 4-1 years
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
SAT		PERFORMEO?
IFIC	20a, ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HDW INJURY DCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part 1 of Part 11 of Item 10.)
		CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL		y, street, office bldg., etc.)
ME	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	-/ 1966, to 3 - 17, 1966, that (1) (we) last
	saw the deceased alive on 3-/0 19 6 6, and that	death occurred at 15 M from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNEO
	Hertest I and bacem M.D	ATTENOING MEO. STAFF DIRECTOR PHYS. 3-14-66
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) HENSENT L TANENBAUM	4400 CONN AVE. NWWASHE
23a		DR CREMATDRY 23d. LDCATIDN (City, town or county) (State)
	BURIAL 3/17/66 CHIZUK AMUNO	(ARLINGTON) BALTIMORE, MARYLAND
24	FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
SC	OL LEVINSON & BROS. INC. 6010 REISTERSTOW	N RD MAR 2 1 1966 Actionles Judge
		OATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2

	1/8	1		MARYLAND STATE DEPARTMENT OF HEALTH	
	(IA			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACHINE 1 (1)	IRYLAND
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de	and deat		1.	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY	idence before admission)
Te	the ss 1	7		MARYLAND MARYLAND Maryland Mon	tgomery
S	in by the fu Pages 1 nours after of			b. CITY OR TOWN (If outside corporate limits) c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	nd give nearest town)
hour		2		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
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=	oon pi	01	3.	NAME DF First Middle Last 14. DATE Month	Day Year
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e h	tach Depi	9	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Coun	ty) (State)
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aine	OR: houl	0		saw the deceased alive on March 22 1966, and that death occurred at 12.150M, from the causes and on the	-, that (i) (we) last
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Parighter, 24th Salves Spiller, 187 MAR 18 1968 James Salves

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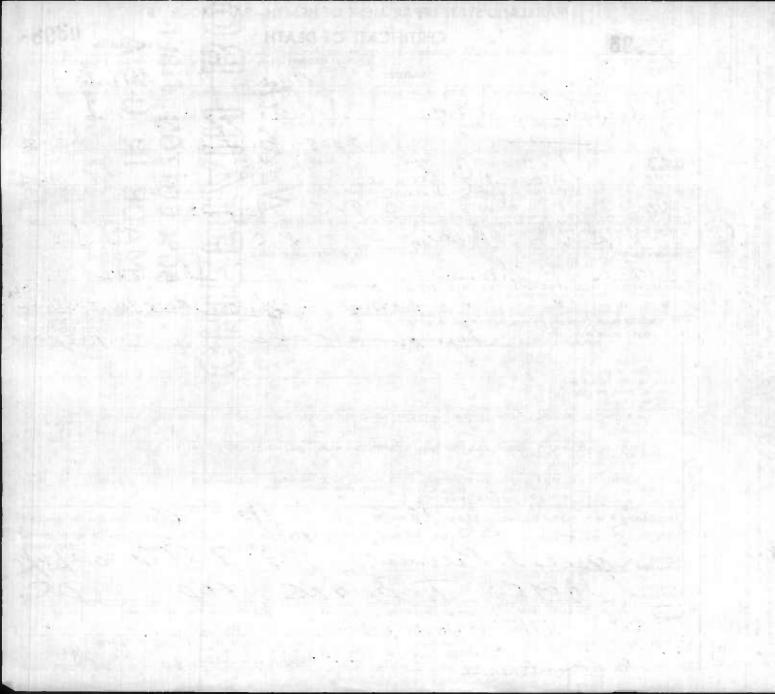
ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE	OF	DEATH
CERTIFICATE	VI	PLAIII

MA

03988

03398		CERTIFICA	ATE OF DEATH		Reg. Dist. No.		
1. PLACE OF DEATH a. COUNTY	monto	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	here deceased lived. If institution b. COUNTY	on: Residence before/admission)		
b. CITY OR TOWN (If RURAL and give nea	1 /	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write R	URAL and give negrest town)		
	L (If nat in haspital, give street	address)	d. STREET ADDRESS	Corest ZIII.	e. IS RESIDENCE ON A FARM? YES NO DE		
3. NAME OF DECEASED (Type or print)	First	A Middle	Last	4. DATE Man OF DEATH	th Day Year 9 4 1966		
5. SEX	6. COLOR OR RACE 7. MAR WIDOW	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 402 63 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.		
100. USUAL OCCUPATION during most of working	g life, eyen if retired)	B An	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	The state of	amla	14. MOTHER'S MAIDEN N	NAME Shae	make		
	IN U. S. ARMED FORCES? 16. yes, give war or dates of service)	16-	NFORMANT	Karana 2200	18 Forest Hill Da		
PART I. DEATH	H [Enter only one couse per li H WAS CAUSED BY: MMEDIATE CAUSE (o)		vaceou	a	INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if on gove rise to im							
cause (a), stating the	e under: DUE TO	41 4170-2					
CATIC					ZEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO		
20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	While	for a	ACE OF INJURY (Hame, farm tory, street, office bldg., etc	20f. (City or town)	(County) (Stote)		
21. I certify that	21. I certify that I attended the deceased from 1956, 19, to 3/2, 18 6that I last saw the deceased alive an 3-2, 1960, and that death occurred at 10.9. M, from the causes and an the date stated above.						
ACTUAL SIGNATURE	rue J.	Burus	W.D. 183	ADDRESS (Sheet city or town	DATE SIGNED		
PHYSICIAN'S NAME (Type)	1AUFS	7.3	URNS	M.D	DE.		
220 BURTAL CREMATION REMOVAL (Specify)	3/28/66	72c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, o	ar county) (State)		
23 FUNERAL DIRECTOR'S		L Home 5732 Geo	Agen W 240. REC'		STRAR'S SIGNATURE		
	- Littlean	SEC	1 1111	1			



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS ON A FARM? NO TX YES 4. DATE OF DEATH 3. NAME OF First Doy Year DECEASED 19 (Type or print) IF LINDER 24 HRS IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years last birthdoy) Months Days Hours DIVORCED WIDOWED 10h, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT (Yes, na, ar unknawn) (If yes give wor or dates of service) VE S CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN ONSET AND DEAT PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Canditians, if ony, which gave rise to immediate couse (a). DUE TO ENUSCLERSTIC HEART DO stating the underlying couse last. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES [NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour a.m. Nat While at work at work 21. I certify that (1) (this haspital) attended the deceased fram. . 19 66, that (I) (we) last 19 66 and that death occurred at 712 A.M. from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) INGLOW BURIA 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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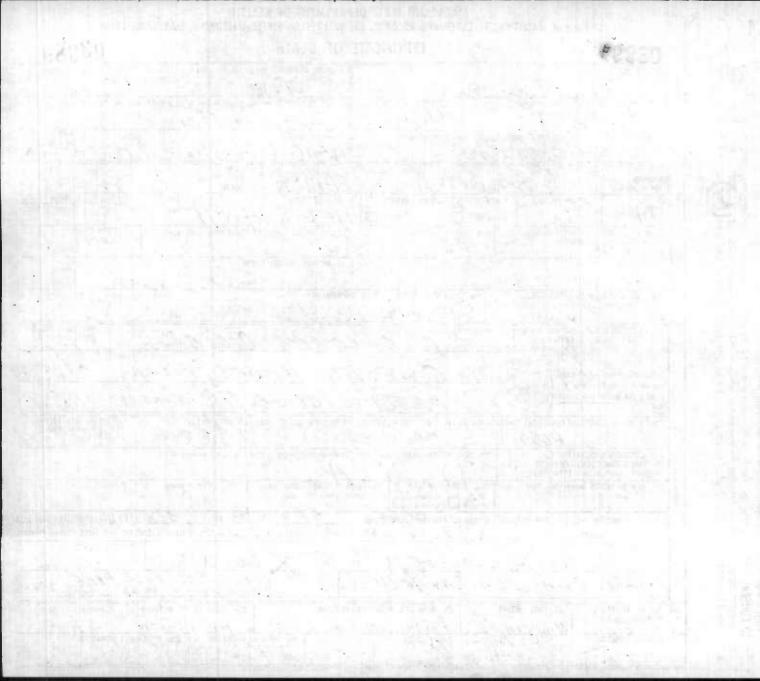
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Pages

TO FUNERAL DIRECTOR: director, poge should VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		04000)		CERTI	FICATE	OF DEATH		110	990/
	0.		Montgomery		MAF	RYLAND		there deceased lived, if institution ict of Columb		e before odmission)
	b. CITY OR TOWN (If outside corporate limits, write BURAL and give near (Round 1)			c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate 50 days Washington			limits, write RURAL and give nearest tawn) $+7-3$			
	d.		AL OR INSTITUTION (If n		give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
6		U.S.	Naval Hosp	ital			8 Keel Gre	en, S. W.		YES NO X
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	S. SE		6. COLOR OR RACE	7. MARRIED	NEVER MARRI		DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 Manths	YEAR IF UNDER 24 HRS. Days Haurs Min.
	M	lale	Cauc.	WIDOWED		ED 🔲 a	n. 17, 1931	35 yrs.		
H	10a. l durin	USUAL OCCUPATION ing most of working	(Give kind af wark dane lite, even if retired) Navy		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County) Nashvill	& Stote, or foreign country) e, Tenn	12. CITI.	ZEN OF WHAT U.S.A.
		FATHER'S NAME					14. MOTHER'S MAIDEN N			
Н		Walter	A. Langley				Dorothy	Mayline Mage	e	
	1S. (Yes,	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates	of service) 16.	social security no.		NFORMANT	. Langley 8 F	Iress Wash	ington, D.C. een S.W.
		Conditions, if any, rise to immediat stating the under last.	e couse (o), rlying cause	10 (b)	lyarteriti			DITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED?
1	TIFICATI	20a. ACCIDENT WAS		205. DE	ESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in I	Part I or Part II of item 18.)		YES NO
	ER		CAUSE OF DEATH MEDICAL EXAMINER)							
	MEDICAL CERTIFICATION	Haur a.n p.n	n. 19	While at war	k Latwark L	facto	E OF INJURY (Home, form bry, street, affice bldg., etc.)		(Cour	
		21. I certi	fy that (*x) (this ho	spital) atten Mar. 2	ded the deceased	d from_E and that	'eb 2 , l death accurred at	9.66 , to Mar . 2 837P M, fram cause		
		22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR Mar. 25, 1966								
		22c. PHYSICIAN'S NAME (Type	J. E. (Zi		n, M. D.		U. S. N	aval Hospital		esda, Md.
		BURIAL, CREMATIC REMOVAL (Specify Burial	-3/26	166				23d. LOCATION (City or 1 ry Nashville	, Tenn	
	24.	FUNERAL DIRECTO	R Wash	ington,	D. CADDRESS	napin	St.N.W DAVAR	1.4 2	REGISTRAR'S SI	GNATURE JUSTE

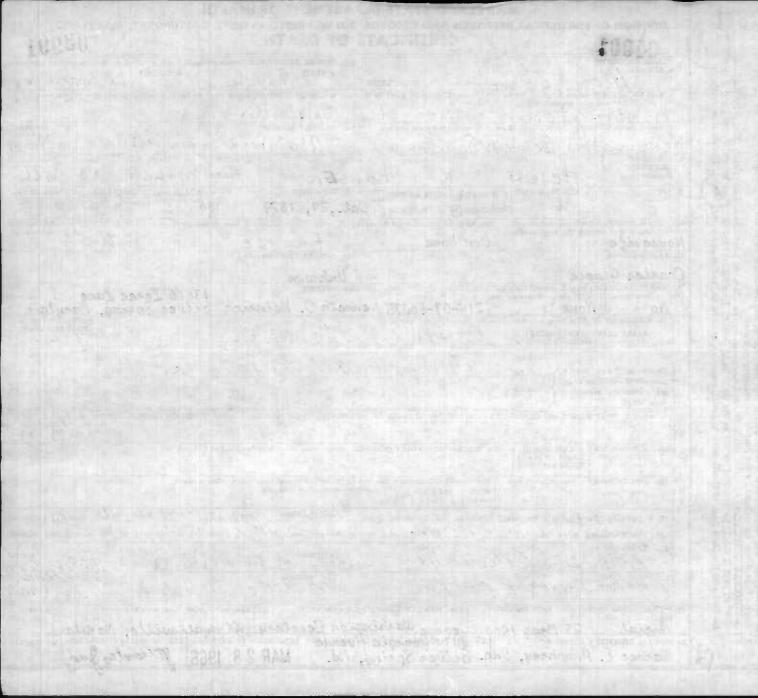
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corber papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. Maruland MARYLAND YUDNTUMERU b. CITY OR TOWN (if outside corporate limits, c./LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest/town MON- 9days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pages ON A FARM? 730 Silver YES NO IX ensinator CRIUM apers. 3. NAME OF DATE Day DECEASED OF March (Type or print) DEATH 19 aRSEI 5. SEX 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Hours DIVORCED | Oct. 29, 1879 WIDOWED X 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 11.5A Own home Housewite RANCE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Gloess Die Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.! 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Kenneth J. No Heinrich None 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), i p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 30 hrs IMMEDIATE CAUSE (a) DUE TO antinia deluraise Conditions, if any, which gave rise to immediate cause DHE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F YES T 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) for (IF EITHER, NOTIFY MEDICAL EXAMINER) defached CAL 20e, PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. ō at work at work p.m. DIRECTOR: 21. I certify that (1) (this hospital) attended the deceased from Micambu 1965, to March 22, 1966, that (1) (we) last March 22 1966, and that death occurred at 25 M, from the causes and on the date stated above. 0 saw the deceased alive on.. shoul 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. death. Page 4 1966 M.D. HOSPITAI 22d. ADDRESS 22c PHYSICIAN'S SICIAR SPRING NAME (Type) OLUMBIA MARYLAND ector, | 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Dig 2 George Washington Cemetery &X Hyattsville, Maryland Miley 346 Grangia Avenue 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE Pumphrey, Inc. Silver Spring, Md. 20M 5-63

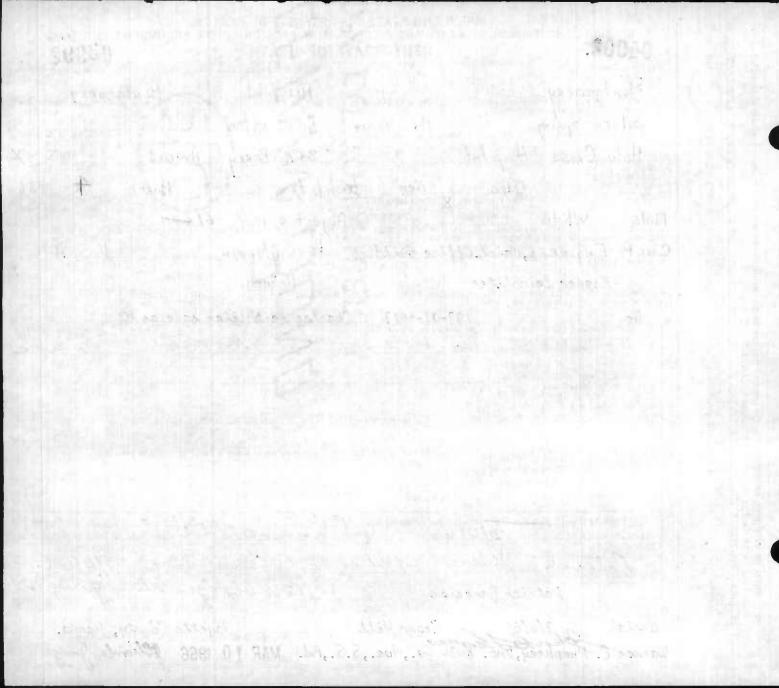
DEPARTMENT OF HEALTH



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TO NOSTITAL OR ATTENDING PHYSICIAM: The Taw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	ges-1	after
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR JOWN (If outside corporate limits, write BURAL and give nearest town) c. LENGTH DF STAY IN 1b SORING 15-1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ND X NAME DE Middle 4. DATE Year DECEASED (Type or print) Neu DEATH TE MARC 6. COLOR OR RACE 7. MARRIED XI DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR FUNDER 24 HRS. NEVER MARRIEO last birthday) Months | Days MALE WINTE WIDDWED DIVORGED 100. KIND OF BUSINESS OR WIDDWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CDUNTRY? 14. MOTHER'S MAIDEN NAME NOINEER FATHER'S NAME Inkown Braden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) 193-07-6613 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4201 DHE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES T NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURREO. (Enter nature of inlury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 5:15 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Jamestor BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) auntu ADORESS FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR |

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04003	3		CERTIF	FICATE	OF DEATH		039	93	
	PLACE OF DEATH a. COUNTY MOI	ntgomery		MAR	YLAND		Where deceosed lived, if institutions cict of Columbia		fore odmissio	N
	b. CITY OR TOWN (If autside carporate limits,		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	tside carparate limits, write RURAL	and give near	rest tawn)	
	Write KUKAL dit	d give negrest town) the sda (Rura	1)	2 days		Washi	ington	47	7-3	
		AL OR INSTITUTION (If not		ive street address)		d. STREET ADDRESS			e. IS RESID ON A FA	ENCE RM?
L	U. S. 1	Naval Hospit	al			6916 Will	Low Street, N. V	٧.	YES 🗌	
3.	NAME OF DECEASED (Type or print)	First Micha		Middle Wayne]	Leonard	4. DATE Month OF March	14	17	66
S.	Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIE		Jan. 25, 19	last hirthday) N	onths Days		Min.
10c dui	ing most of working	N (Give kind of work dane life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, ar foreign country)	12. CITIZEN COUNTRY	Y ?	S.A.
13.	FATHER'S NAME		nalle.			14. MOTHER'S MAIDEN N	NAME		-835	
	M	ichael W. Le	onard			Antionett	ce Scannelli			
15. (Y	WAS DECEASED EVE es no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates of	service) 16. S	social security no.		NFORMANT Fath	ner Sam	e as	Item	2.
	18. CAUSE OF DI PART I. DEA	EATH (Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (c	B1.	(o), (b), and (c).) Lateral	pneu	monia asso leuken	ociated with		NTERVAL BETV ONSET AND D	
	Canditians, if any rise to immediat stating the unde last.	rlying cause DUE To)))							
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS COL	TRIBUTING T	O DEATH BUT NOT REI	LATED TO 1	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	'	9. WAS AUTO PERFORME YES 🔀	PSY ED? NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in I	Part I or Part II of item 18.)			
MEDICA	20c. TIME OF INJU Haur a.r p.r	10	While	NURY OCCURRED Not While at wark		E OF INJURY (Home, form ory, street, office bldg., etc.)		(County)	(:	Stote)
		fy that (14) (this hosp eceased alive on	ital) attend Mar	led the deceased 14 19 66,	from_1 and that	Mar. 12 , 1 death occurred at	9.66, to Mar. 14 450P M, from couses on	, 19 <u>66,</u> d on the d	that:{}} (v	ve) last obove.
	22a. SIGNATURE	nald H.	Lev	anger	М.[MED. DIRECTOR DIPHYS.	Mar.]		66
		Ronald F.).	U. S. Nav	val Hospital, Be	ethesda	, Md.	
230	BURIAL, CREMATIC REMOVAL (Specify Burial			N. Eagle		ery	Eagle, Mich		nty) (St	tate)
24	4. FUNERAL DIRECTO	R. A. Pumphi				1/1/0		TRAR'S SIGNAT		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after dealth Page 4 may be retained by the haspital ar attending physician.

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tems 18-21 Film G376 MARY AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edinission) delay is necessary, ineral director. Page ned for your files. . COUNTY e. STATE b. COUNTY 50 MONTGOM MARYLAND Department death. b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporete limits, write RURAL and give beerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in pospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? and 3 to the funeral State after be retained YES NO NAME OF Middle DATE with the S 72 hours DECEASED OF (Type or print) DEATH 19 66 6. COLOR OR RACE MARRIED NEVER MARRIED may by 2 wir 5. SEX AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months WIDOWED W DIVORCED This certificate should be executed within 24 hours affer a word "pending" in pencil in Item 18. Give Pages 2, a word "beniner's Office along with form PM3 hage the saminer's Office along with form PM3 hage to be a second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the second but the s 10a. USUAL OCCUPATION (Give, kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life even if retired) 13. JATHER'S NAME MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes give wer or detes of service) Address and 18. CAUSE OF DEATH [Enter only one sause per line for (a), (b), and (c). INTERVAL BETWEEN or removal, ONSET AND DEATH PART L DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive pulmonary embolus secondary DUE TO fractured vertebra. Conditions, if eny, which cremation, geve rise to Immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY CERTIFICATION burial please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. TO FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial. EREORMED? NO [20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING Deceased fell from ladder while hanging curtains at MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While 1966 Silver Spring 16 Montg. Md. et work Home 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. O DEPUTY NAME (Type) 22a BURIAL CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county 23 FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b., REGISTRAR'S SIGNATURE VR A15ME 5M 1/63

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylar	1 00111191	Residence befare admission) Montgomery
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2	(NAME OF HOSPITAL OR INSTITUTION (If not in b 8822 Lanier Drive	ospital, give street address)	d. STREET ADDRESS 8822 Lanier	Drive	e. IS RESIDENCE ON A FARM? YES NO
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	S. S		MEASU MAURICE .	Date of Birth Jan. 5, 1887		Months Ooys Hours Min.
	duri	. USUAL OCCUPATION (Give kind of work done ng mast af working life, even if retired) Housewife FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Store Poland 14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?
		Theodore Schofield		Norma Freed	lman	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of serv	16. SOCIAL SECURITY NO. 17. None Mrs	NFORMANT s. Ann Filder	Address	
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3	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II af item 1B.)	TIS NO RA
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
		21. I certify that (I) (this haspital saw the deceased alive an		death accurred at 30		, 1966, that (I) (we) last nd an the date stated abave.
		220. SIGNATURE Semin C. W.	leiner M.		CTOR PHYS.	3/28/6 6
		22c. PHYSICIAN'S NAME (Type) SIMON C.	WEINER M.D	22d. ADDRESS 8201-16	ST. SILVE	SE SPRIVE MID
	В	BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 3-30-6	6 Montefiore Co	emetery N	23d. LOCATION (City or Town	unty Pa.
		FUNERAL DIRECTOR oldberg Funeral Home	ADDRESS 4217 9th St., N.W.	2So. REC'D BY		STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. ve taban papers. Pages 1 and 2 ompletely filled in by the funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and directar, page 3 should be detached for use as the burial-transit permit. Then please remoshauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1.	PLACE DF DEATH	1			- 1	2. USUAL RESIDENCE	CE (Where dec	ceased lived, If in	stitution:	Residence	before a	mission)
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3.	NAME OF DECEASED (Type or print)	M)	IER	Middle		LEVY	4. DATE DF DEATH	Mont	_	Day 15	Ye.	66
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造	2Da. ACCIDENT	WAS UNDERLYING	20b. I	DESCRIBE HOW INJURY	occui	RRED. (Enter nature o	f Injury In Pa	art I or Part II	of Item 1	B.)		
8	OR CONTRIBUTI	NG CAUSE OF DEAT	(H (ER)									
		INJURY Month, Day,		NJURY OCCURRED 20e.	PLAC	CE DF INJURY (Home, fa	arm 20f	(City or town)	(Cc	unty)	(:	State)
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	21. I certif	y that (I) (this hosp	ital) attend	ed the deceased from	1	APRIL, 1	9.65, to.	MARC	, 19_	96 th	at (I) (4	ve) last
	saw the dec	ceased alive on	5 MA	RCH19 66, and	that	death occurred at	104 M, fr	om the causes	and on	the date	e stated	above.
	22a. SIGNATUR	REMOND	70	1 1			- /-		22b.	DATE SIG	NED	,
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH 149m 3 b. COUNTY o. COUNTY Montgomerv c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Chevy Chase, Maryland CHASO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9114 Jones Mill Road YES NO X 4 DATE 3. NAME OF Middle OF DEATH DECEASED JULIUS LIPOVSKY 27-1 (Type or print) IF UNDER 24 HRS AGE (In years IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY RUSSIA GROCEK 2= 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DANIEL Lipovsky UNK 17 INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. elt. el Mx (Yes, no, or unknown) (If yes give wor or dotes of service) 032 16 CONGUSTING INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARTERIOSELERVICE CALDIOVAZ C IMMEDIATE CAUSE (o) **DUE** TO CARCINOM A Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse RHEUMATOID YLS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? DIABETES NO 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (1) (this haspital) attended the deceased from 1963 to Menne 19 66, and that death accurred at 10 A. M, fram causes and an the date stated abave. 3-26 saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE 3-27-1966 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 5315 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Hillside, Maryland Beth Sholom Cemetery Burlal ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Danzansky & Sons 3501 14th St., N. W.

the death certificate be executed within 24 hours after death and ve corbon popers. Poges I event, within 72 hours after Poges ove corbon physical en plet burial, cremation, or removo signed by the buriol-tronsit prior to by the hospitol or ottending hos been the 00 of Health this certificate detoched Stote Dept. Poge 4 may be retoined director, page 3 should should be filed with the TO FUNERAL DIRECTOR: O HOSPITAL

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PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY lay is necessary, al director. Page for your files. 0 MARYLAND Department death. b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 1b (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) e. IS RESIDENCE delay ON A FARM? 3 to the funeral retained State affer YES NO TH 3. NAME OF Middle Month DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR age 5 may be rend 2 wir B. DATE OF IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months WIDO WED DIVORCED yrs. 10s. ASUAL OCCUPATION (Give kind of work 10b. D OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, in pencil in Item 18. Give Pages 1, office along with form PM3 Page done suring most of working tife, even if retired) File pages 13. TEATRER'S NAME 14. MOTHER'S YUR U! Office along with form burial-transit permit. File 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) and MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH removal PART I. DEATH WAS CAUSED BY: Bilateral staphlococcal IMMEDIATE CAUSE (e) panlobar. DUE TO 6 Conditions, if any, which aureus pneumonia. (b) cremation "pending" geve rise to immediate cause Chief Medical Examiner's age 3 should be used as a DUE TO (e), stating the underlying cause last. Chronic inanition severe. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY CERTIFICATION burial PEREORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial, NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enlar neture of injury in Pert I or Pert II of ilem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) While Not While el work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Acaident Homicide **Suicide** CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE M.D. O DEPUTY EXAMINER'S NAME (Type) Address (Street, city, or county) 22a. BURIAL, CREMATION. 22b. 22d. LOCATION (City, town, or county) DATE THEREOF 22c. NAME OF TERY OR CREMATORY [Stete] EMOVAL (Specify) FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I VR A15ME

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF S	MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
04010	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	04000
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institut	ion: Residence before admi

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Montgomery MARYLAND	a. STATE b. COUNTY
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write RURAL and give nearest town)	of other of total (it decides surposed states) white from a give most comp
Bethesda 69 days	Elizabethton 79-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE on a Farm?
Mba Clinical Canton Bothagda Manuland	Route #4 YES NO X
The Clinical Center, Bethesda, Maryland 3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED	OF
(Type or print) Mary Ann	Livingston DEATH March 30 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Fomele White WIOOWED DIVORCED	12 September 1907 58 yrs. 6 18
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) [NOUSTRY	Tennessee U.S.A.
Homemaker Not employed	Tennessee U.S.A.
13. TATIER S HAME	14. MOTHER 3 MAIDER HAME
John Henry Livingston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Alice Eliza Humphrey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	The Medical Record, Address
	ne Clinical Center, Bethesda, Maryland
No None Th	I INTERVAL BETWEEN
DADT I DEATH WAS CALLEED DV.	ONSET AND DEATH
IMMEDIATE CAUSE (a) Septicemia due to	Escherichia Coli 2 days
2040 DUE TO	
Conditions, If any, which Chronic Lymphocyti	c Leukemia 5 years
gave rise to Immediate DUE TO	
underlying cause leet	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
E TAKE II. OTHER OTHER TOWN TOWN TOWN TOWN TOWN TOWN	PERFORMEO?
	YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While - factor	ory, street, office bldg., etc.)
21. I certify that (IK (this hospital) attended the deceased from 2	O January, 19 66, to 30 March, 19 66, that 00 (we) last
saw the deceased alive on March 30 19 66, and that	t death occurred at 7135M, from the causes and on the date stated above.
22a. SIGNATURE	A 22b. DATE SIGNEO
Votore O Vallo, MOM.	D. ATTENDING MED. STAFF 30 March 1966
22c. PHYSICIAN'S	22d. ADDRESS The Clinical Center, National
NAME (Type) Robert C. Gallo, M.D.	Institutes of Health, Bethesda, Maryland
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER'	
Ü	Family Cem. Elizabethton, Tenn.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY Bethesda, Mary	land DAPR 4 1956 Icharles Judge

VR A15 (4) 15M 4-64

John Henry Livingston

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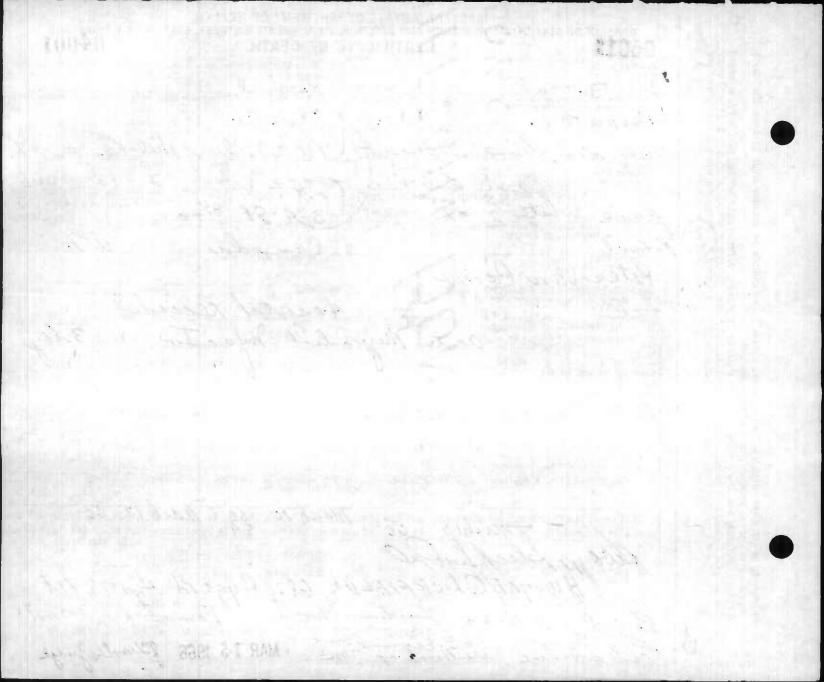
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
a. COUNTY	a. STATE b. COUNTY	to Donato
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give nearest town)
write RURAD and give nearest town)	16 A 20 m 0:	- 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	A IS RESIDENCE
d. HAME OF HOST TAL ON INSTITUTION (IT HOST IN HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTITUTION (IT HOST) TAIL ON INSTI	1	ON A FARM?
Washington Senitarium + Hospital	1102 L Cherry Hell ha	YES NO NO
3. NAME OF First Middle	(Last 4. OATE / Month	Day Year
(Type or print) Edna Beatrice	Sodae DEATH 3-13	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 Months	YEAR IF UNDER 24 HRS. Days Hours Min.
Lemalo White WIDOW DIVORCED	3-4-21 8374 Vrs.	Days Hours Will.
18a. USUAL OCCUPATION (Cive kind of workdone 10b. KIND OF BUSINESS OR		TIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	0	UNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	9/1
Oston 1/2 1/2 m		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17.	INFORMANT Address,	
(Yes, no, or unkown) ((If yes give war or dates of service)	1 A P. Addiess	
none	Hospilal Elector	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clearly Myses	roled Infaction	3 dly
4201 DUE TO	//	1
Conditions, If any, which) (b)		
gave rise to immediate		
value (a), Stating the		
	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
TAT THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF THE TATE OF TH		PERFORMED?
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
S OR CONTRIBUTING □ CAUSE OF DEATH	ORRED. (Little Hatare of Injury in Face For Face it of Item 20.	
	(0	(04oto)
g fact	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour ory, street, office bidg., etc.)	nty) (State)
Hour a.m. p.m. 19 While Not While at work at work	7	
21. I certify that (1) (this hospital) attended the deceased from_	March 10, 1966, to March 1319 6	that (I) (we) last
saw the deceased alive on Mirch 13 1966, and that	it death occurred at 5 A M, from the causes and on th	ne date stated above.
22a. SKGNATURE		ATE SIGNED
All By Blich Such ful M.	D. PHYS. MED. STAFF DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type) [] [] A LA LE [] [] COLUMN []	22d. ADDRESS A	
MAINE (MIDE) A // ALLA A/F/O O // C/F/A //	2201 110011200 11	
I I WIN INITE NICE I	4 6826 FIGGS Pd HUATT	5 174
	Y OR CREMATORY 230 LOCATION (City Journ or cou	nty) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER PEMOVAL (Specify)	4 6826 FLYGS Rd HYATT	inty) (State)
	4 6826 FLYGS Rd HYATT	mel
Burial 3-16-66 Presbylerian	Y OR CREMATORY 1234 LOCATION (City Jown or cou	mel

VR A15 (4) 20M 1/65



death.

after

hours

24 within

executed

be

certificate

death

The law requires that the

PHYSICIAN:

PLACE OF DEATH a. COUNTY

NAME DE

DECEASED (Type or print)

13. FATHER'S NAME

18.

CERTIFICATION

MEDICAL

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ELME 3 por

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

6. COLOR OR RACE

STWO

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

tou sewife

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unkown) | (If yes give war or dates of service)

PART I. DEATH WAS CAUSED BY:

Conditions, If any, which

gave rise to Immediate

cause (a), stating the underlying cause last.

Hour a.m.

22a. SIGNATURE

PHYSICIAN'S

BURIAL, CREMATION,

REMOVAL (Specify)

p.m.

saw the deceased alive on

20a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year

23b.

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IMMEDIATE CAUSE (a)

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address

First

CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

(b)

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE

DUE TO

DUE TO

19

21. I certify that (I) (this hospital) attended the deceased from...

DATE THEREOF

7. MARRIED

WIDOWED

funeral and 2 r death remove and attending physical

completely filled in by the inverse carbon papers. Pages 1 event, within 72 hours after any remova has been signed by the atten as the burial-transit permit. prior to burial, cremation, or be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health pric

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD

	VIID	IZECO	KDO,	201 11.	LIFPION	9
-	FRT	IFIC	ATE	OF	DEATH	

MARYLAND

c. LENGTH OF STAY IN 1b

Middle

NEVER MARRIED

10b. KIND OF BUSINESS OR INDUSTRY

16. SOCIAL SECURITY NO.

all Cinom

DESCRIBE HOW INJURY OCC

20e. PL

NAME OF CEMETER

Hill

20d. INJURY OCCURRED

23c.

Cedar

at work

Not While

at work

DIVORCED

5, 301 W. PRESTU	N SIREEI, BALIIMUR	E I, MA	AKYL	מאז	
TE OF DEATH			()4	00	2
e. STATE	E (Where deceased lived, If insti	Υ			
c. CITY OR TOWN (If	outside corporate limits, write	e RURAL e	nd give	nearest	town)
	Tuesber	15		/	
d. STREET ADDRESS			0.	IS RESI ON A FA	
10200	Bracle+ 181.	26	YE		NO 2
Last	4. DATE Month		Day	Year	
8. DATE OF BIRTH	DEATH March		YEARII		24 HRS
3664.30,10	9. AGE (In years III last birthday) 64 yrs.				Min.
11. BIRTHPLACE (Co	ounty & State, or foreign country)	12. CIT	IZEN OI	WHAT	
Californ		14	5,	A .	
14. MOTHER'S MAID					
EMMIE	SHARR ATT Address				
/1 / 0		Trem	42)		
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Floors	Fronty		20.	YR.	5
ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	ART1(a)	19. V F YES	VAS AUT PERFORM	OPSY IED?
URRED. (Enter nature of	injury in Part I or Part II of	Item 18.)			
ACE OF INJURY (Home, fa tory, street, office bldg., et	rm, 20f. (City or town)	(Coun	ty)	(St	ate)
144C 15	to 312-1	, 196	thai	(I) (we	e) last
at death occurred at					above.
D. PHYS.	AED. STAFF PHYS.	3(3	TE SIGN	ED	
22d. ADDRESS	5 wiscong	1 i 4	0		
Y OR CREMATORY	23d. LOCATION (City, tow	n or coun	ty)	(Sta	te)
Crematory	Suitland D	ISTRAR'S	SIGNAT	URE	

ATTENDING Page 4 may 1 A15 (4) 1/65

Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Commit Oremation 1-22-1360 Cedar Mill Cremotory Fill cult Mil.

FOR STATE HEALTH DEPT.

TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute one certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any other within 72 hours after death.

MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORD MEDICAL EXAMINER'S PLACE OF DEATH a. COUNTY Montgomery

MARYLAND

PARTMENT OF						
S, 301 W. PRESTO?	STREET, B	ALTIMOR	E 1, M.	ARYLA	ND	
CERTIFICAT	E OF DE	HTA		1	140	03
a. STATE Mary		lived, If ins b. COUN				mission
c. CITY OR TOWN (IF		e limits, wr	Ite RURA	L and giv		t town
d. STREET ADDRESS % Malir	nda Russe	11			ON A F	IDENC ARM? NO 2
Lest	4. DATE	Month		Dey	Yea	r
Long	OF DEATH	Marc	h	3	19	66
8. DATE OF BIRTH	9. AGI	(In years	IFUNDER		-	-
July 23, 18	397 68	yrs.	Months	Days	Hours	Min.
11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?		
Tenness	iee		I	SA		

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Olney	10点 hours	Brookev	ille	15	-/	
d. NAME OF HOSPITAL OR INSTITUTION (If not in h Montgomery General Hospita	d. STREET ADDRESS % Malinda Russell o. IS RESIDENCE ON A FARM? YES \(\sum_{NO} \)					
3. NAME OF First	Middle	Lest	4. DATE Month		Year	
(Type or print) Joseph	(NMN)	Long	DEATH Marc		19 66	
5. SEX 6. COLOR OR RACE 7. MARRIEO	NEVER MARRIEO	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Hours Min.	
Male Negro WIDOWED		July 23, 18	97 68 yrs.	mondia Days	nours win.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY	11. BIRTHPLACE (St	ete or foreign country)	12. CITIZEN COUNTRY	OF WHAT	
	Unemployed	Tenness		USA		
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
Issac Long		Ida Del				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Addres	S		
yes 11-2-18 tol-11-19		Hospita	1 Records			
18. CAUSE OF DEATH [Enter only one couse per l	ne for (a), (b), and (c).]	. 0	4. 7.		RVAL BETWEEN ET AND OEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ute Dia	phragm	alic Myo	cardi	2	
4201 DUE TO 0	0 1	0				
Conditions, if any, which	yarcl					
gava rise to immediate cause (a), stating the DUE TO	1	+ 1	1. W 10.			
underlying cause last. (c)	conary U	rilry N	eart pa	sease	* *	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL D	IS EASE CONDITION GIVEN IN I	PART 1(a) 19.	WAS AUTOPSY PERFORMEO?	
Stavells Melli	lus - / Si	Kal. Ha	regrene of	geet YE	S NO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	DESCRIBE HOW INJURY OCCU	KKEO. (Enter nature of	injury in Part I or Partui g	/Item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. I. Hour a.m. While	NJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, far ry, street, office bldg., et	m, 20f. (City or town)	(County)	(State)	
	at work					
21. I certify that I took charge of the rem	ains described above, hel	d an Autopsy 💢,	Inspection , Inqui	iry 💢 , and	in my opinion	
death resulted from Natural causes	, Acoldent , Suid	cide, flomicid	e, Undetermined	manner		
ACTUAL / COOL	1 /13- 4	CHIEF MEDICAL	Mar	ch 4, 19	66 DATE SIGNED	
SIGNATURE Selden	1. I flags	m.W.U.	ICAL EXAMINER	22.	DATE SIGNED	
EXAMINER'S Beldon R. Reap,	M. D.	11.11.11	city, town, or county)	aton, Ma	ryland	
23a. BURIAL, CREMATION, 23b. OATE THEREOF 3/9/66	County Home		Rockville		(State)	
24. FUNERAL DIRECTOR	ADORESS			GISTRAR'S SIGN	ATURE	
Robert L. Suowde	Rockville,	Md. DAMAR	14 1966 gc	learles Je	roge.	
			-		-	

VR ALSME (5) 1/65

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04014

CERTIFICATE OF DEATH

04004

_			
		PLACE OF DEATH I. COUNTY A STATE OF DEATH II. COUNTY II. COUNTY III. COUNTY I	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY
9	-	MARYLAND CITY OR TOWN (If outside combrate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		write RURAL and give no gress town)	111-11-11-11-11-11-11-11-11-11-11-11-11
		The thresa 2 11 abys	d. STREE ADDRESS e. IS RESIDENCE
2	(1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	4542-Hatrison St. Marse INO X
		NAME OF First Middle	Lost 4. DATE Month Doy Year
2	(DECEASED. Type or print) Helen & . Le	Wyel DEATH March 1/ 1966
	S. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTY 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) Months Dovs Hours Min.
٠.	FR	male, white WIDOWED DIVORCED	3/01/8/ 85 yrs. months boys 110015 min.
1	10o. duri	USUAL OCCUPATION (Give kind of work done no post of working life, even if retired) Etwian Fertz. C	11. BIRTHPLACE (County & Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	/	Place A Oboster de	1 1 1 1 1 1 1 1 1
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 1
4	(Ye	s, no, or unknown) (If yes give wor or dates of service)	ment lause of the not med 12
1	Ĭ	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERNAL DETAILER
		PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
1		4200 IMMEDIATE CAUSE (o) Congruent No	James Comments
		Conditions, if ony, which gove) (b) Outeroschustic b	type Teners Wat disease
		rise to immediate couse (o),	
		stoting the underlying couse (c) Unimum of	diabeles
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	TFIC		(Enter noture of injury in Port I or Port II of item 18.)
		OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
1	MEDICAL		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	ME	Hour o.m. 19 While Not While of work of work	tary, street, office bldg., etc.)
		21. I certify that (I) (this haspital) attended the deceased fram_	1841 , 1952 to 3 - 1/ , 1966, that (1) (we) last
		saw the deceased alive an 3 - 11 1966, and tha	t death accurred at M, fram causes and an the date stated above.
		220. SIGNATURE & Gloner M.	ATTENDING MED. STAFF 226. DATE SIGNED
		22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
		NAME (Type) SARAH E. GLOVER	10128 CEDAR LANE Kensing Ton md
	23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
	E	Surial 3/14/66 Rock Creek	Cemetery Washington, D. C.
	24.	FUNERAL DIRECTOR The S.H. Hines CORESS	250 RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		Washington, D. C.	MAR 14 1956 Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or remaval, and more event, within 72 hours after death, Poge 4 may be retained by the hospitol or ottending physician.

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18-21 Film G376 5/1MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04015 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY and 3 to P.M.3. Poge af. deoth. LITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) MARYLAND MONTGOMERU delay partment c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) ofter SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS De form haurs 8722 MANCHEST WASHINGTON State SANIT ARIUM NO DE 8. Give Pages executed within 24 hours ofter deoth. 3. NAME OF lang with First Middle Last 4. DATE Month Day Year 72 DECEASED the Lyons 19 66 within (Type or print) DEATH 5. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Haurs 3-09-08 WIDOWED DIVORCED event tem 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR COUNTRY? during mast of working life, even if retired) INDUSTRY 1. S.A. onv TEACHER .⊑ podes d 'pending' in pencil ir Chief Medical Examiner' pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .= Darre File pup WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (son) permit. (Yes, no, or unknown) (If yes give war ar dates af service removal 210-10-7012 John B. Lyons-2212 Colston Dr CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Silver burial-tronsit PART I. DEATH WAS CAUSED BY pe Massive subarachnoid hemorrhage 0 IMMEDIATE CAUSE (o) This certificate should e, writing the word forwarded to the Cl cremation, DUE TO Conditions, if ony, which gave due to ruptured intracranial aneurysm rise to immediate couse (a). DUE TO stating the underlying couse 0 last. buriol, used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION the certificote, NO 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 1B.) prior should PRIMARY I ar CONTRIBUTING 4 should Deceased fell in bedroom at home injuring head STAL EXAMINER: CAUSE OF DEATH designoted ogent, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year O'Hour Kink factory, street, office bldg., etc.) While Not While moy be retoined for your FUNERAL DIRECTOR: Poge 19 66 at wark Silver Spring Montg. Md. Poge at wark please execute 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X and in my apinian the funerol director. death resulted from: Natural causes Hamicide Underermined mariner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED its SIGNATURE TO FUNERAL Health or i **EXAMINER'S** town, or county) NAME (Type)

NAME OF CEMETERY OR CREMATORY

Gate of Heaven

ADDRESS

1331 Rockville Pike, Rock.

23d. LOCATION (City or Town)

1966

2Sq. REC'D BY REGISTRAR DATMAR 24

Silver Spring

23b. DATE THEREOF

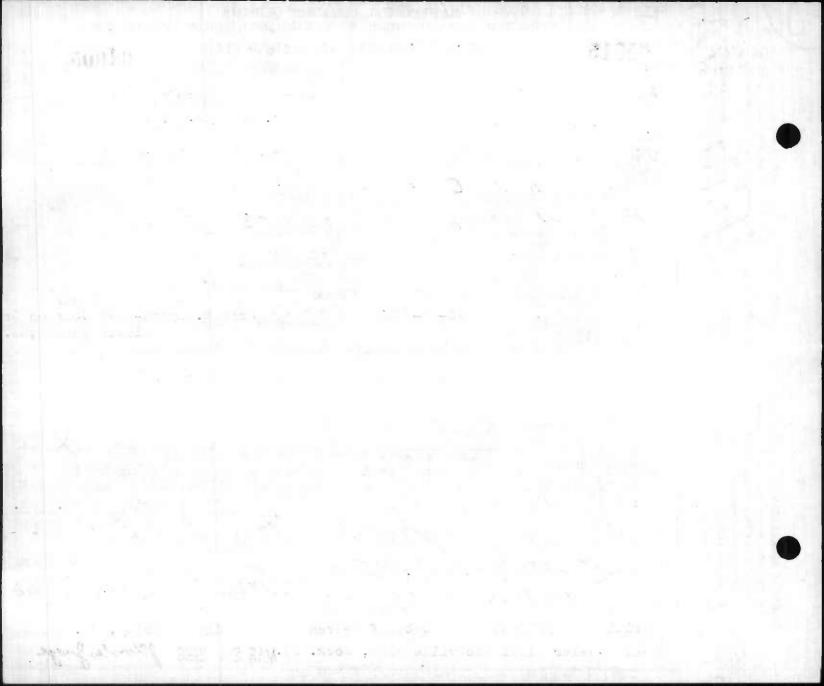
3/25/66

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23g. BURIAL CREMATION

24. FUNERAL DIRECTOR

Burial (Specify)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b. CITY OR JOWN (If outside corporate limits, write RURAL and give neares) tolwn) c LENGTH OF STAY IN 16 c. CITX OR TOWN Alfroutside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL d. STREET ADDRESS IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street address) YES I NO 3. NAME OF Middle Lost 4. DATE Doy Year OF DEATH DECEASED 19 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX OR RACE 7. MARRIED В. DATE OF BIRTH **NEVER MARRIED** Hass birthdoy) Months Dovs Hours X WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR M. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY ? INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAM Deremus Heneretta 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes no) or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. JNEORMANT Address INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Mysecardial Infarction Recent and remote Sudden DUF TO Conditions, if ony, which gove Coronary ecclusion rise to immediate couse (o), DUE TO stoting the underlying couse Cerenary Arteries cleres is WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work 43 to. 19 C Cthot (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram M, fram causes and on the dote stoted above. and that deoth occurred at saw the deceased olive an 220, SUBNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR M.D. PHYS. PHYS ADDRESS 22d. PHYSICIAN'S 22c. Tred NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMEJERY OR CREMATORY LOCATION (City of Town) (County) (Stote) REMOVAL (Specify) 2211 Surial 24_FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

1000

TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Heolth prior to be retained VR A15 (4) 20 M 1/66

by the hospitol or attending

ATTENDING PHYSICIAN:

24 hours after deoth

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE Montcomer MUTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) ve carbon papers. Page event, within 72 hours Silver OWIE filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? HUSPITA ND 7 executed within completely DATE NAME OF Middle Last Month Year DECEASED OF 6 MAndala DEATH 19 March (Type or print) етоме 5. SEX Femal 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthday) | Months | Davs Hours MIn. any and March 6-19 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please 10b. KIND OF BUSINESS OR CDUNTRY? during most of working life, even if retired) INDUSTRY that the death certificate be n a 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova Van drew anda Trevson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. INFORMANT Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), burial-transit burial, cremat ONSET AND DEATH this certificate has been signed by setached for use as the burial-transi Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TD Conditions, If any, which (b) gave rise to immediate DUE TD (a), stating cause underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES [ND [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) 0 Hour a.m. Not While After be at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 1966 19 ___, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1200M, from the causes and on the date stated above. saw the deceased allve on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. ADDRESS 22c. PHYSICIAN'S 22d. Richard J. Hollander, M.D. 1110 Spring Street, Silver Spring, 23b. DATE THERED 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 3/8/66 Gate of Heaven Silver Spring, Md. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR Rockville. 1331 Rockville Pike, Tyson Wheeler VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH

(40.50) Michael J. Bollander, M.D. - 1110 Syrum Street, Shiver Syrier, MARYLAND STATE DEPARTMENT OF HEALTH

		Division of SIAII	STICAL RESEARCH AND RECORDS	5, 301 W.	PRESTUN SIKEET,	BALIIMOKE, MAKYLA	AND 21201	
,		04018	CERTIFIC	CATE OF	DEATH		()	4008
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6	13.	FATHER'S NAME Harw	ey Chen	14. 1	MOTHER'S MAIDEN NAME	· How	e	
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES s, no, or unknown) (If yes give war or dote	sof service) 16. SOCIAL SECURITY NO. None	17. INFORM		, Same as	Item	#2 abov
		18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	MYDEARXIAI 1	VFARC	TION, Re	CENT AND	DLD	INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gave	(b) ARTERIOSCLE	notic	Hear	DISEASE		TYRS
		stating the underlying cause last.	(1) ATHERO SCLEROS	is Gi	FUERALIZE	m, Seven	ė -	7 Yes
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	L CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter r	ature of injury in Part I	I or Part II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m.	While - Nat While -		NJURY (Hame, farm, et, affice bldg., etc.)	20f. (City ar tawn)	(Caunty	(State)
		21. I certify that (1) (this has saw the deceased alive an_	ospital) attended the deceased from MARCH 10 1966, an			4 , ta MARCH 1 VOAM, from causes a	(, 19 <u>6</u> 6 and an the	
		220. SIGNATURE Sa Ce	ugle	M.D. PH		CTOR D STAFF	MAR.	SIGNED 11, 1966
			bert G. Angle			`	ethes	da, Md.
	230	BURIAL, CREMATION, 23b. DATE TO SEMOVAL (SPECIAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	1966 Rock Cree		etery	23d. LOCATION (City or Tow Washingto	n. D.	unty) (Stote)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death, Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		04019	CERTIFIC	CATE OF	DEATH		040	69
		PLACE OF DEATH o. COUNTY	MARYLA	0.	UAL RESIDENCE (W	Where deceosed lived, if instituti b. COUN	on: Residence befo	re odmission)
	Ł	b. CITY OR TOWN (If out de corporate limits whe RURAL and give nearest town)	c. LENGTH OF STAY IN	lb c. CIT	Y OR TOWN (If our	tside corporote limits, write RUR	AL and give neare	st tawn)
	0	d. NAME OF ASSPITAL OR INSTITUTION (If not	n hospitol, give street oddress)	d. ST	REET ADDRESS	Corgin a	4)	e. IS RESIDENCE ON A FARM? YES NO
	[NAME OF DECEASED (Type or print) First	Middle		Lost	4. DATE Mont	h Do	
	S. S		7. MARRIED NEVER MARRIED WIDOWED DIVORCED		OF BIRTH / 0.	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR Months Doys	Hours Min.
	duri	. USUAL OCCUPATION (Give kind of work done ing post of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		IRTHPLACE (County)	& State, or foreign country)	12. CITIZEN O COUNTRY	?
		FATHER'S NAME unknown		14. A	NOTHER'S MAIDEN N	VAME a Bausche	lle	
	1S. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give wor or dotes of s	ervice) 16. SOCIAL SECURITY NO. unknown	17. INFORM	ant m/x	ackrede Ra	55 9272 ed. adely	hi m.D.
		1B. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse (c) Last. (c)	Probable Ce	rebro	/ Xkmo dij-vas	whape unlar dise	2	NSET AND DEATH
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	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED While Not While ot work of work		JURY (Home, form et, office bldg., etc.)		(County)	(Stote)
		21. I certify that (I) (this haspi saw the deceased alive an 3	tall attended the deceased for	nd that deaf	h accurred at	9 6 C, ta 3/29 FYE M, fram causes		
1		22c. PHYSICIAN'S NAME (Type) RICHARD	H. POLLEN	M.D. PH	ys. 2d. ADDRESS	DIRECTOR PHYS. C	3/29 LEUS,	NGTON,
	230.	Buriat, CREMATION, 23b. DATE THERI Buriation 2 April				23d. LOCATION (City or To		y) (Stote)
P	24.	FUNERAL DIRECTOR	ADDRESS AC	20012	250 RECO		GISTRAR'S SIGNATU	RE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and inputed in within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospitol or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY land by the and 2 death. Montgomery Montgomery MARYLAND b. CITY OR TOWN (if outside corporata timits, c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest fown) Bethesda 2 Potomac Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? Potomac Manor Brookeway Dr YES NO P completely papers. n 72 ho 3. NAME OF Middle DATE Month Dey Year DECEASED Uarda DEATH (Type or print) 1966 withi hoon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months | Days Cauc. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? MRTHPLACE (County & State, or foreign country) physici done during most of working life, even if retirad) Ohio USA Home Housewife 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending Myra Dailey and Chester E. Bryan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN 5100 Brookway Dr. removal, (Yes, no, or unkown) | (If yes give we ror detes of service) Robertson No the Bethesda, Md permit. 18. CAUSE OF DEATH [Enter only one cause per line for physician. has been signed by the burial-transit permit INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 0 IMMEDIATE CAUSE (a) cremation, DUE TO attending Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse last. the (c) ed by the hospital o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? S 0 NO X YES use prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) for Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While retained ō et work et work DIRECTOR: Dept. 1900 Pe attended the deceased from., that (I) (we) last plnoys State 19 saw the deceased alive on may 22e. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. FUNERAL page with th Page 22c. PHYSICIAN'S ADDRESS 22d NAME (Type filed v 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) S. dio Burial-Transit Kirkwood Cemeterv London. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Bethesda. Pumphrev

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ATTENDING

HOSPITAL

hours

certificate

UESTED ere at Engages Hermann, v. the St. 1868 1879 and

RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) director. Page e. COUNTY ō Montgomery Maryland Montgomery MARYLAND for your files Department death. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) Olnev Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? after be retained State YES NO X executed within 24 hours after death. It among in item 18. Give Pages 1, 2, and 3 to the function with form PM3. Page 5 may be retained by which form PM3. Page 5 may be retained to with the Staff staff of the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 72 hours after the Staff within 3. NAME OF First Middle 4. DATE Month Yaar DECEASED GEORGE MARSHALL 6 66 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Male last birthdey) Months Colored WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Montg. Co. Sch. Brd. Custodian Olney 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore Marshall Lulu Bowie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Brother-Joseph Marshall; Olney, Md. executed 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] removal, INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple extreme internal injuries with in pencil IMMEDIATE CAUSE (e) certificate should be DUE TO 0 massive secondary hemorrhage. Conditions, if eny, which cremation, "pending" 10 geve rise to immediate cause Examiner's as DUE TO (e), steting the underlying nseq ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY CERTIFICATION should be u please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial EREORMED? YES NO T 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) EXAMINER: PRIMARION OF CONTRIBUTING Deceased, driver, in head-on collision with another motor CAUSE OF DEATH. vehicle 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (State) 7:05 XX fectory, street, office bldg., etc.) While Not While et work at work 166 Street Silver Spring Mont Md. 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection and in my opinion death resulted from. Natural causes Undetermined manner Homicide CHIEF MEDICAL EXAMINER March 7, 1960 SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Belden R. Reap, M. Address (Street, city, town, or county) Wheaton, Maryland D. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) MMOVAL (Specify) OH DURIAL MUNERAL DIRECTOR REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME

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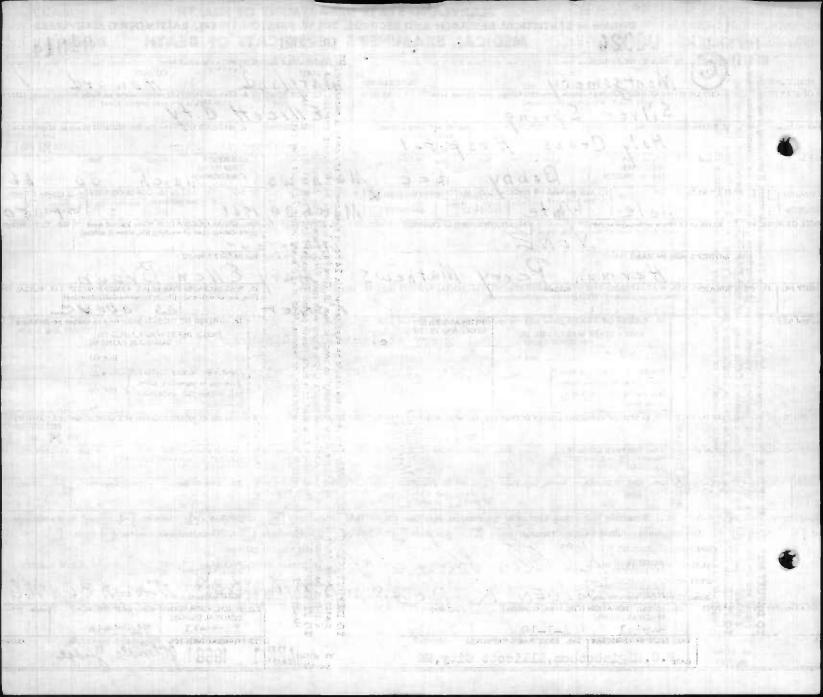
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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e law tendii as bee as th priar		PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT AN		/	MIN PART Va	19. WAS AUTOPSY
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AN: al ar cate or u	CERTIFICATION	20o. ACCIDENT WAS LINDERLYING		JRY OCCURRED. (Enter notur	re of injury in Port I or Port	II of item IB.)	TES NO D
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OR deline		saw the deceased alive an	March 17 196	6, and that death a	accurred at 49 A M		
RECI 3 st	11/	220. SIGNATURE	blake m.	M.D. ATTEND	DING MED.	STAFF 220.	DATE SIGNED
AL OIR L DIR L DIR filed	1	22c. PHYSICIAN'S	7 //		ADDRESS 4740	Chevych	ase on
FRAI ERAI ar, p	L	NAME (Type) STEW O	irl Clap	P			
O HOSPITA Page 4 may O FUNERAL directar, pc	23	D. BURIAL, CREMATION, 23b. DATE		F CEMETERY OR CREMATORY	23d. 100	CATION (City or Town)	(County) (Stote)
5 Page	10	REMOVAL (Specific ON 3/18	ADDRES		2So. REC'D BY REGISTRA	, , , , , ,	SICMATINDE
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	OF DEATH March	
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13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
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(1)	Fother as abo	ve
	18. CAUSE OF DEATH Enter only one cause per lina for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Pulmonary atelectasis; Diaphragmatic	INTERVAL BETWEEN ONSET AND DEATH
	7620 DUE TO	
	Conditions, if eny, which (b) hernia with abdominal contents in left chest.	
	(a), stating the underlying DUE TO (c)	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMED? YES NO 5
CERTIFICATION	20s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	113 2 10 1
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, † 20f. (City or town) (County)) (State)
WED	p.m. 19 at work at work	
	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, a	nd in my opinion
	death resulted from://Natural causes II. Accident / Sylicide / Homicide / Undetermined manner	
Designaied	ACTUAL CHIEF MEDICAL EXAMINER C	hare signer
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH - cy death. and funer PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Pages 1 after Montgomery Pennsvlvania MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours write RURAL and give nearest town) hours 9 days Sharon .⊑ Bethesda filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS The Clinical Center, Bethesda 14, Maryland 731 Service Avenue completely ove carbon p executed within 3. NAME DF First Middle Last DATE Month DECEASED DEATH (Type or print) Mathieson March Grace Charlotte AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED X | NEVER MARRIED 8. DATE OF BIRTH етоме last birthday) Months any and September 1913 Female DIVORCED (White WIDOWED 16 physician a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Secretary Unknown Pennsylvania death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remov attending permit. Then Byron Hodgson Minnie Moon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the attendit je jermit. 0 The Medical Record (Yes, no. or unkown) | (If yes give war or dates of service) s been signed by the att s the burial-transit permi ior to burial, cremation, c The Clinical Center. Bethesda 14 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] The faw requires that the or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). L Sub-arachnoid hemorrhage DUE TO Conditions, If any, which (b) Gram negative septicemia gave rise to Immediate DUE TO certificate has be ched for use as the ot. of Health prior t (a), stating the (c) Acute Lymphocytic Leukemia underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PHYSICIAN: T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) FUNERAL DIRECTOR: After this certificator, page 3 should be detached fould be filed with the State Dept. of MEDICAL 20f. (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While by ATTENDING at work at work retained 19 66, to March 16, 19 66, that 30 (we) last 21. I certify that the (this hospital) attended the deceased from March 7 66, and that death occurred at 8:15M, from the causes and on the date stated above. saw the deceased alive on March 16. 22a. SIGNATURE M.D. PHYS. TO HOSPITAL (Page 4 may PHYSICIAN'S The Clinical Center, National director, p Herman A. Godwin, Jr., M.D. 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial-transit 3-16-6 23c. NAME OF CEMETERY OR CREMATORY Hillcrest Mem. Park 3-16-66 25a. REC'D BY REGISTRAR ADDRESS 25b. FUNERAL DIRECTOR Bethesda, Maryland PUMPHREY

VR A15 (4) 15M 4-64

Institutes of Health. Bethesda, Md. 23d. LOCATION (City, town or county) (State) Mercer County. Penna. REGISTRAR'S SIGNATURE Charles

e. IS RESIDENCE ON A FARM?

19 66

6

12. CITIZEN OF WHAT COUNTRY?

> Maryland INTERVAL BETWEEN

2 days

2 years

WAS AUTOPSY

PERFORMED? YESXX

NO T

(State)

ONSET AND DEATH

USA

(County)

22b. DATE SIGNED

16 March 1966

NO

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na verioni kacoru			
	agadetoman beomicano-cin 1 1		
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

0.40%0	OLICINI IOATE OF	DEATH		$\alpha = 0.70$
1. PLACE OF DEATH a, COUNTY			eceased lived, If Institution: Reb. COUNTY	sidence before admission)
Montonmery (nunty	MARYLAND	STATE	D. GOONTHAN	TOLMERY
b. CITY OR TOWN (if outside corporate limits, c		Y OR TOWN (If outside co	orporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)	9 Vrs 11	ashinaton.	C.	15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		REET ADDRESS,	1/ Downsed	e. IS RESIDENCE ON A FARM?
6600 Tulip Hill Terrac	0 600	Wash 16	D.C.	YES NO P
3. NAME DF DECEASED (Fype or print) Mary	1.13 . 1.1 (1	Last 4. DATE DF DEAT		Day Year
E CEV I C COLOD OD DAGE !			AGE (In years IF UNDER)	10 to 40
6. COLONYOR RACE 7. MARRIED WIDOWED	DIVORCED ALL	31,1906	A A C I AL A A	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDL	OF BUSINESS OR 11. B	IRTHPLACE (County & Stat	e, or foreign country) 12, Cl	TIZEN OF WHAT
Wan Teacher Relia	1045-Education	Utah	00	4.5.A.
13. FATHER'S NAME	14. N	OTHER'S MAIDEN NAME		/
Patrick Anthony M	Carray Mu	ertha Har	riet Week	5
15. WAS DECEASED EVER IN U.S. AR MED FORCES! 16. SO((Yes, no, or unknown) (If yes give war or dates of service)	CIAL SECURITY NO. 17. INFORM	ALLVORUET	Address .	2
NO 57	4-54-4403 20 3162	margaren	allicia S	amparably
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).1,			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nutrition	1		ONSET AND DEATH
1750	1	. 1		Anrav
Conditions If any which 1	inoma of	Ovarios		21/45
gave rise to Immediate	more en	200000		-year
cause (a), stating the DUE TO underlying cause last.				
	IC TO DEATH BUT NOT BELATED TO	HE TERMINAL DISEASE OF	NDITION CIVEN IN DART 1/a)	119. WAS AUTOPSY
THE PROPERTY OF THE PARTY OF TH	NO TO DESTRIBUTION RELATED TO	HE FERWINAL DISEASE GO	MDITIONGIVEN IN PART 1(4)	PERFORMED?
e carcinomajosis				YES NO
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED. (I	Enter nature of Injury In I	Part I or Part II of Item 18.)	
	RY OCCURRED 20e. PLACE OF IN	JURY (Home, farm, 20f.	(City or town) (Cour	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJU	Not While factory, stree	t, office bidg., etc.)		
21. I certify that (I) (this hospital) attended	the deceased from 449	, 1964, to	Mar25, 1960	that (I) (we) last
saw the deceased alive on Mar 24	1966, and that death	occurred a 57 M, f	rom the causes and on th	e date stated above.
22a. SIGNATURE			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	TE SIGNED
Jan A, Mesle	M.D. PHYS	NDING MED.	PHYS. 25	mar 66
22c. PHYSICIAN'S NAME (Type) Far 7 Alac /	22d	ADDRESS	1	
Earl D. Nesle	n M.J. 4	-715 Mas	S. HVE. N.	w,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 2 "REMOVAL (Specify)	3c. NAME OF CEMETERY OR CRE	MATORY 23d. L	OCATION (City, town or cou	nty) (State)
Removal 3-2801966		- Rer	Nevada	
oseph. Gawler's Sons. Inc	ADDRESS	25a. REC'D BY REG	ISTRAR 25b. REGISTRAR'S	SIGNATURE
5130 wisc. Ave. Sonw. Wa	sh. D.C.	DAMAR 29	1956 Juanle	Judge.

VR AIS (4) 20M 1/65

There were the stand of the second The stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the s - proved from the song armed stop direct organ Wary Lade my historian and have 25 849 36 MOE 50 Man, Telecher Meligica s- Education 4512 Patrick Anthony Wilanau Martha Harret Works I make the supplied the said and the Secretary Francisco Carcinotha at Sidiles Considerate of the second of the second 110124 66 FAG SER 110125 66 Letter I the Standard and the second of the second of the East Dileston M. J. ATIG MASS. Por 18:00. Bontusses Lavore executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04027 CERTIFICATE OF DEATH
()4()17

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Montgomery MARYLAND	Maryland Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Westmoreland Hills	Westmoreland Hills /5-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
5324 Portsmouth Road	5324 Portsmouth Road ON A FARM?
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Sue COOK MC	Clure DEATH March 23, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Iast birthday) Months Days Hours Min.
Female White WIDOWED DIVDRCED	2-14-1893 73 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHATCOUNTRY?
Housewife	Missouri U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Ernest Cook	Julia West
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address Road. Md.
223-05-0769 D	r. Wm. W. McClure, 5324 Portsmouth
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ch services color ONSET AND DEATH
IMMEDIATE CAUSE (a) Crecelypura	1
Conditions, If any, which \	We Lestere VR
gave rise to Immediate	pactor of the
cause (a), stating the DUE TO	
underlying cause last.) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CO	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZOC. TIME DE INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While - Not while -	ry, street, office bldg., etc.)
	11/10 1 20/5 to 2/23 20/26 sheet (1) (up) look
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at 12 M, from the causes and on the date stated above.
saw the deceased alive on 3/27 19.0 //, and that	1 22b DATE CICNED
M. Weorld M.C.	ATTENDING MED. STAFF 1 2/02//
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type William R. Moses, M.D.	1835 Eye St. N.W. Washington, DC.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETER)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JOSEPH GAWLER'S SONS, INC.	DAMAR 2 R 1966 Acharles Judge

VR A15 (4) 20M 1/65

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South Fortemoutin Food the South Rose Aug.

The Big Cook Modiume Saron 25,

Withham C. Noves, M. U. 18th Sie St. W.V. Wanthown, TC

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Memole Milte Company Company (C)

Housewife - - - Liscourt

John Stante Foot Soot Stante mich

222-05-0759 for Mr. W. McClure, 5322 Portemout

Village Table | Bas Lynn

P TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funered director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any exert, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 07000

	CERTIFICATE	OI PHAIL		03018
1. PLACE OF DEATH	2	. USUAL RESIDENC	E (Whara deceased lived, If	institution: Residence before edmissio
* column tgomery	MARYLAND	e, STATE	b. COUN	TY
b. CITY OR TOWN (if outside corporate limits, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give neerest town)
write RURAL and giva nearest town)	,			1401 =
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	1 year	d. STREET ADDRESS	hing ton	I e. IS RESIDENCE
				ON A FARM
Chevy Chase Nursing Home			ebec St. N.	W. YES NO
3. NAME OF First DECEASED	Middle	Lasi	4. DATE Month	Dey Year
(Type or print) Lillian	M. McD	evitt	DEATH March	12 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 3. D	ATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED	DIVORCED TO OC	t. 31. 18'	76 last birthday) 89 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND C	OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTR
done during most of working life, even if retired) Clerk = Retired U. S.			***	II G A
13. FATHER'S NAME		I. MOTHER'S MAIDEN N	Kansas	U.S.A.
John McDevitt				
		Mary Jane		
(Yes, no, or unkown) (Ifyesgive wer or detes of service)		ORMANT	Address	2801 QuebecNW.
no	Miss	Marie Mc.	Alear	Wash. D. C.
18. CAUSE OF DEATH [Enter only one cause per line for	/91) 1	•	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	mary W	celuso.	7	3/4/66
421 DUE TO		-1	0	
Conditions, if any, which) (b) arter	us selerate	- Coronar	a Centere des	sene several year
geve rise to immediate cause		,	7	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
(e), steting the underlying Course lest.	alisad anti	nopeler		
(6)			AL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPS
OF A + Trult	D + 1 1	LEATED TO THE TERMINA	AL DISEASE COMMINION GIV	PERFORMED?
5 Alabeles Millions, O	upter was	u		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CONTRIBUTED TO CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	E HOW INJURY OCCURRED. (Entar nature of injury in I	Part I or Pert II of item 18.)	
	Not While 20e. PLACE	OF INJURY (Home, farm, street, office bldg., etc.)	20f. (City or town)	(County) (State)
p.m. 19 ef work	et work			
21. I certify that (I) (this hospital) attended	the deceased from	10/1 1	964 to 3/12	1966. that (I) (we) la
saw the deceased alive on9/11	4 4		4 /	
22a SIGNATURE	6			22b. DATE
Kore & Walle	M.D.	PHYS. DI	ED. STAFF	SIGNI
22c. PHYSICIAN'S	Wisb.	22d. ADDRESS		8/12/0
NAME (Type) R.S WILLIAMS	M.D	35 N.Y.	AVE NO	xV
	. NAME OF CEMETERY AND	CELATORX	23d. LOCATION (City, tow	yn or county) (State)
Burial March 15, 1966	St. Wnn!a		Providence	. R. T.
24 FUNERAL DIRECTOR'S SIGNATURE 7, Solling		25a. REC'I		GISTRAR'S SIGNATURE
F.J. Collins, 3821-14thSt.		oc JAAR	4 - 4 4 4	iarles Judge
- to to to the true to the true of	TI TO THE T	DATE	10001	- Company

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

GENTLEMAN OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALL

/		02025			CERTIFICA	TE OF	DEATH		04	019
		DLACE OF DEATH OF COUNTY MO	ntgomery		MARYLAND		JAL RESIDENCE (Where deceosed lived, if institution b. COUNT MOI	on: Residence bei	
		write RURAL and	f autside carparote limi give nearest town) Whea	ton	c. LENGTH OF STAY IN 1b		Silver	utside corporote limits, write RURA Spring	AL ond give neon	5-/
3			AL OR INSTITUTION (If a Nursing H		give street address) Arcole Ave.		OO Crosb	y Rd.		e IS RESIDENCE ON A FARM? YES X NO
1	1	NAME OF DECEASEO (Type or print)	Clara Th	omas Mo	Intyre Middle		Lost	4. DATE Month OF March 7	,	19 66
1	S. S	XEX F	6. COLOR OR RACE Caus.	7. MARRIEO WIDOWED	NEVER MARRIED DIVORCED		OF BIRTH 9/1877	9. AGE (In yeors last birthday) Yrs.	Manths Day	
	10o. duri	USUAL OCCUPATION ng mast af working Cle	(Give kind of work dand life, even if retired) PK	10b. K	INO OF BUSINESS OR CLERK	Ke	entucky_	State, ar fareign country)	12. CITIZEN	OF WHAT
	13.	FATHER'S NAME Willia	m Walker	445		Se	other's maiden Lby Harv	еу		
	1S. (Ye:	WAS DECEASED EVE s, no, or unknown) No	R IN U.S. ARMED FORCES (If yes give wor or dotes	? af service)		7. INFORM. Robt		9400dret	Crosby er Spr	Rd.
			which gave e cause (o),	2		, 4	rom bos			INTERVAL BETWEEN ONSET AND GEATH
	CATION	PART II. OTHER SI	T	etes	me litus					9. WAS AUTOPSY PERFORMEO? YES NO
	L CERTIFICATION		S UNDERLYING CAUSE OF OEATH MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY OCCURR	EO. (Enter no	ature of injury in	Part I ar Port II of item IB.)		
	MEDICAL	20c. TIME OF INJU Hour a.n p.n	10	While	Not While		JURY (Hame, forn et, affice bldg., etc.		(Caunty)	(State)
		saw the do	fy that (I) (this ha eceased alive on_	spital) atten	ded the deceased from	hat deat		19 ta March 7 530 PM, fram causes a	and on the d	
		220. SIGNATURE Senset a. Portes, ws, M.O. ATTENDING MED. PHYS. DIRECTOR D STAFF PHYS. 220. DIRECTOR D PHYS. DIRECTOR D PHYS. 221. ADORESS 222. ADORESS								
		22c. PHYSICIAN'S NAME (Type)	DEMNET	AIF	orter, Jr., M	D 9	301 Cole	sville Rd., Sil	rerSprin	ns, Md.
		REMOVAL (Specify Burl	3/10	166	23c. NAME OF CEMETERY Glenwood ADDRESS		tery	23d. LOCATION (City or Tow Washington D BY REGISTRAR 23b. REG		
	24.	FUNERAL OIRECTO Robe	ert A. Pu	mphre		.Md.	OATMA		larles	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after-deoth. Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremotion, or remavol, and in any prent, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH

20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	U4U3Z	CERTIFICATE	OF DEATH		() 4	1022
1.	PLACE OF DEATH O. COUNTY MONTGOME	ERY MARYLAND	2. USUAL RESIDENCE (When	re deceosed lived, if institut b. COU		e odmission)
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest your)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (If outside		RAL and give neares	1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	2	330 YUEST	Edmons	TON LA	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Sonna	dale Middle M.	Pehok	OF DEATH 3 -	4	1966
	FWW	IDOWED DIVORCED	8. DATE OF BIRTH 8 9 147	9. AGE (In yeors last birthdoy) yrs.	Months Doys	Hours Min.
du	o. USUAL OCCUPATION (Give kind of work done pring moked working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	and	12. CITIZEN OF	
L	John Meh	of	14. INOTHER'S MANDEN NAM	Smith		
(X	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yet be, or unknown) (If yes give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO. 17. 1	hother 3	Dolly -	Same	೯
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), ond (c).) Pulmonary Infarcti	.on	0		ERVAL BETWEEN ISET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a),	due to pulmonary	emboli			
	stoting the underlying couse (c)	due to thrombophl				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)		WAS AUTOPSY PERFORMED? 'ES X NO
MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	l or Port II of item 18.)		
MEDICA	20c. TIME OF INJURY Month, Doγ, Yeor Hour o.m. p.m.		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	21. I certify that (I) (this hospital saw the deceased alive on3) attended the deceased from	t death accurred at 9.	66, to 3/9 125/4-M, fram causes		not (I) (we) la te stated abav
	220. SIGNATURE This Ille	Murita M.		D. STAFF PHYS.	22b. DATE SIGN	66
	22c. Pyrysician's NAME(Type) I. R. Thistl		22d. ADDRESS 1746	K64. 1	V.W.	D.C.
	Burial (Specify) 23b. Date Thereof 3/7/66	Gate of Hea	ven	23d. LOCATION (City or To Silver Spi	ring, Md.	
2	24. FUNERAL DIRECTOR Tyson Wheeler 1331 Ro	ADDRESS OCKVIlle Pike, Rock	250. REC'D BY	REGISTRAR 2Sb. RE	EGISTRAR'S SIGNATUR	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and directar, page 3 shauld be detached far use as the burial-transit permit. Then please fear shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and it an

TO FUNERAL DIRECTOR: After this certificate has been

VR A15 (4) 20 M 1/66

carban papers. Pages I and ent, within 72 hours after deat campletely filled in by the funeral

ATTENDED TO THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET

ARCH AND RECORDS	301 W.	PRESTON	STREET,	BALTIMORE	
CERTIFICATE	OF	DEATH			04023

1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	CE (Where deci			lence before	ndmission)
	Montcomeru	RYLAND	a. STATE Mari	uland	b. cour		omeru	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If	outside corp	orate limits, wr			est town)
	write RURAL and give nearest town)		Washingto			, , , , ,	,	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree		d. STREET ADDRESS	n grove	5	/5	I O IS DE	SIDENCE
,		L addi cas)		J			ON A	FARM?
-	Ridge Road		Ridge Roa	a			YES	NO 🔀
3.	NAME OF First Middle		Last	4. DATE	Monti		Day Y	ear
	(Type or print) hurston Byers River	X	Miller	DEATH	March		26 19	66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	IED 8	B. DATE OF BIRTH	9.	AGE (In years last birthday)			
	Male White WIDOWED DIVORE	CED 2	3 Aug 1892		Vrs.	Months Da	ys Hours	Min.
10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Ing most of working life, even if retired) WDUSTRY	OR	11. BIRTHPLACE (Co	ounty & State,	4) 12. CITI	EN OF WHA	T
dyr	omitting magistrate Police Dept.		Williamsp	ort. Mo	ruland	COUN	W 5.	A.
-	FATHER'S NAME		14. MOTHER'S MAID			000	6,2 0.	
	Walker Miller		Leila By					
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	NO. I 17.	INFORMANT		. / Addre	S.SV		
(Ye	es, no, or unkown) (If yes pive war or dates of service)	_		1. 15	dge Koa	d	AI I	
ye	es WW 11 223-38-1125		nces E. Mil	rer wo	shingto			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and			01			NTERVAL B ONSET AND	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (Inter cause)	sel	erou	Ite.	art		Than	
	4200 DUE TO Juices	21	- 00	grto	41	1	1	
	Cenditions, If any, which (b)		C1 C	7000				
	gave rise to immediate (
	underlying course tech					- 10		
NO	PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL O	DISFASECOND	ITION GIVEN IN	PART 1(a)	19. WAS A	UTOPSY
ATI	Ostelly he Caren	eres a	- Am	win	4.	TAIL TO	PERFO YES	RMED?
E I	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN	HIDY OCCIL	RRED. (Enter nature of	Indury In Da	es mi	of Itam 18)	152	140 5
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	30K1 0000	KKED. (Enter patare of	i injury in ra	it i oi rait ii o	71 Item 20.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLAC	CE OF INJURY (Home, fa	rm, 20f. (City or town)	(Count))	(State)
EDI	Hour a.m. While Not While p.m. 19 at work at work	Tactor	ry, street, office bldg., e	10.)				
2	21. I certify that (I) (this hospital) attended the deceased	from 🗸	yec 11	ac 5 to	3-26	1966	that (I)	we) last
			death occurred ab					
	220 SIGNATURE	,		1-1			SIGNED	
	Jack Ir humaller	M.D.	. PHYS.	MED. DIRECTOR	STAFF PHYS.	3-2	6-6	16
	22c. PHYSICIAN'S NAME (Type) Jack Schumacher M. D.		105 Russe	U Ave.	. Gaith	ersburg	Md.	
23a	BURIAL, CREMATION, 1 23b. DATE THEREOF 1 23c. NAME OF	CEMETERY	OR CREMATORY	1 23d. LO	CATION (City, to	own or count	()	State)
1	BEMOVAL (Specify) 30 March 1966 Arlingto					Virgin		
24					TRAR 25b. R			41
11	Varner E. Pumphrey, Inc. Silver Spr	ia Av	yarulandili	- A	and the same	liantes	ATT A	5
W	Varner L. Pumphrey. Inc. Silver Spr	relie- 1	THAT CHI CLARY PLATER IS IN L	1 3 1 13	TOO I		1 1	

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COSE VERSELE	a Januaran Marina marina	maria del mesto. Los describos de la compositione de la compositione de la compositione de la compositione de la compositione de Los de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la compositione de la composi	Same of the same of

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02036 CERTIFICATE OF DEATH 01094

USUUS	OLIVINI IOMIL	OI DEATH		15129
PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	(Where deceased lived, If Institut	ion: Residence before admission)
Montgomery	MARYLAND	a. STATE Virgin	ia Campb	ell
	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, write R	
Bethesda	98 days	Lynch	Station	83-31
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda	a, Md. 20014	Route	# 1, Box 123	YES NO X
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Ronald	Dave	Mitchell	DEATH March	2, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IFU last birthday) Mor	NDER 1 YEAR FUNDER 24 HRS.
Male White WIDOWED	DIVORCED	12 May 1953	12 yrs.	Julis Days Hours Willi.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IND	D OF BUSINESS OR USTRY	11. BIRTHPLACE (COL	inty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Virgi		USA
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
Edwin Douglas Mitchell			Lee Powers	Mile Hills
15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SC (Yes, no, or unknown) (If yes give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT The M	edical Recordess	
No	None The	Clinical Co	enter. Bethesda,	Maryland 20014
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute	Pulmonary Ede	ema		2 Hours
2043 DUE TO				
Conditions, if any, which (b) Conges	stive Heart Fa	ilure		24 Hours
cause (a), stating the DUE TO				
underlying cause last. (c) Acute	Myelogenous L			4 Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. ACCIDENT WAS UNDERLYING CONTRIBUTIONS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NG TO DEATH BUTNOT RELAT	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
20a. ACCIDENT WAS UNDERLYING DOBOTO OR CONTRIBUTING DOBOTO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUP	RRED. (Enter nature of	Injury in Part I or Part II of Ite	m 18.)
	URY OCCURRED 20e. PLAC	E OF INITIDY (Name for	m. 20f. (City or town)	(County) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. While p.m. 19 at work	Not While at work	y, street, office bldg., et	c.)	(Guardy) (State)
21. I certify that (this hospital) attended	the deceased from No	ov. 24 19	65 to March 2	19 66 that (N (we) last
saw the deceased alive on March 2,				
22a. SIGNATURE			AM 22	b. DATE SIGNED
Herman a. Hodun	Sa. M.D.	PHYS. D	IRECTOR PHYS. 2	March 1966
22c. PHYSICIAN'S NAME (Type)	7 3/10	22d. ADDRESSTh	e Clinical Cente	er, National
Herman A. Godwin			of Health, Beth	
23a. BURIAL, CREMATION, 23b. DATE THEREOF BENOVAL (Specify) March 4, 1966	23c. NAME OF CEMETERY Merteo	OR CREMATORY	Bedford Coun	or county) (State) ty, Virginia
24. FUNERAL DIRECTOR C. Gles Carts	1100.00000	7 000	D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
Warner E. Pumphrey, Inc8434-Ga.	Ave. Silver Sp	ring DAMAR	4 1966 PClia	relas Judge

VR A15 (4) 15M 4-64

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TOTAL RESERVED TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF

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physician and completely filled in by the funeral of pregse remove corbon popers. Pages 1 and 2 of the ord in ony event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

A)		Division	of	STATISTICAL
	0403	5		

CERTIFICATE OF DEATH

()	1	0	57	5	
U	2	U	6	1)	

01000				0 = 0 = 0				
1. PLACE OF DEATH			here deceased lived, if institution: Resident	dence befare admission)				
a. COUNTY	MA DVI AND	a. STATE	b. COUNTY	7				
Misn/gomery	MARYLAND	Marcell	and Mont	gomery				
b. CITY OR TOWN (If autside corporate limits, write RURA) and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side carparate limits, write RURAL and	give nearest town)				
12cthesda	Idays	German	Town	15-1				
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital,	give street address	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?				
Suburban		Kings 1	Hill Koad	YES NO				
3. NAME OF First DECEASED	Middle	Loss	4. DATE Manth OF	Day Year				
(Type or print) PANT FORD	Perry 111	odlin	DEATH PROCH	4 1966				
S. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years IF UND last birthday) Month:					
MALE White WIDOWED	DIVORCED	Dept. 11 18	83 82 YIS. 5	21				
	(IND OF BUSINESS OR NDUSTRY *	11. BIRTHPLACE (County 8	& State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?				
	ODIX	Indian	e	U-5A				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
	LIN	MARY	SHARPE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address					
(res, na, ar dikinawii) ((ii yes give wai ar dales ar service)	1=	DUIARD L.	MODLIN-SON-	SAME				
18. CAUSE OF DEATH (Enter only one cause per line_for	r (a), (b), and (c),) ~	1 1 3	7	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:								
1/21 A MINICULAR CHOSE (0)								
(anditions, if any, which gave) (b) arteriosclerate Heart Desease years								
rise to immediate cause (a)	courten	- Clieray	11 carrie	1				
stoting the underlying cause DUE TO								
last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		THE TERMINAL DISEASE CONT	DITION GIVEN IN PART (a)	19. WAS AUTOPSY PERFORMED?				
Bylateal proumo	wily: Metro	tate care	wioua / hwster	YES NO Z				
= 20g. ACCIDENT WAS UNDERLYING ☐ 205. D	ESCRIBE HOW INJURY OCCURRED.							
OR CONTRIBUTING CAUSE OF DEATH	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	()						
(II CITICK, NOTIL I MEDICAL CARMINEK)	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(Caunty) (Stote)				
Hour a.m. While	e Not While fact	ory, street, affice bldg., etc.)	(4.7)	(5.510)				
p.m. 17 at wol		notifical v		0 (6 1) 1 (1) 1 1 1				
21. I certify that (1) (this hospital) attended the deceased fram October 1, 1966, ta flexibly, 1966, that (1) (we) last saw the deceased alive an william 1966, and that death accurred at the saw causes and an the date stated above.								
22a. SIGNATURE) 22b. DATE SIGNED								
Leon H Multilly M.D. ATTENDING DIRECTOR DIRECTOR PHYS. DIRECTOR 4, 1965								
22c PHYSICIAN'S		22d. ADDRESS						
NAME (Type) GEORGE H. MITC	HELL M.D.	4890-BAT	TERY LANE BETHESD	A.MD.				
23g. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City ar Tawn)	(Caunty) (State)				
REMOVAL (Specify)								
BURIAL 3/7/1966	ST JOSEPHS ME		BY REGISTRAR 2Sb. REGISTRAR					
		1110	100	10. () as 100				
throoman tunew Home	-1300 N ST., N	W. DATE AK	7 1966 Haray	Cay Jung				

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending ph director, page 3 should be detoched for use os the buriol-tronsit permit. There should be filed with the State Dept. of Heolth prior to buriol, cremation, or remove Page 4 moy be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL A BATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page 4 by be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

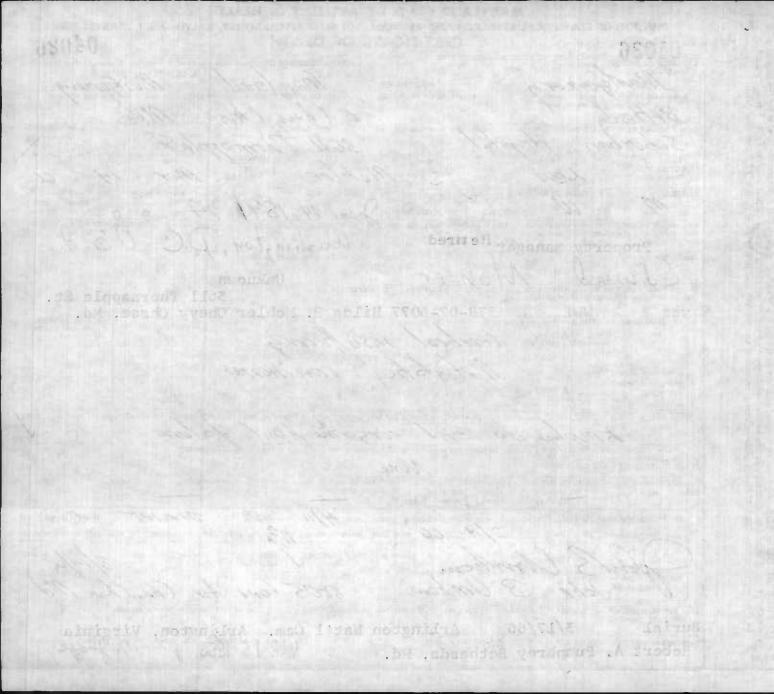
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DIVISION OF STATISTICAL RES

MARYLAND STATE DEPARTMENT OF HEALTH

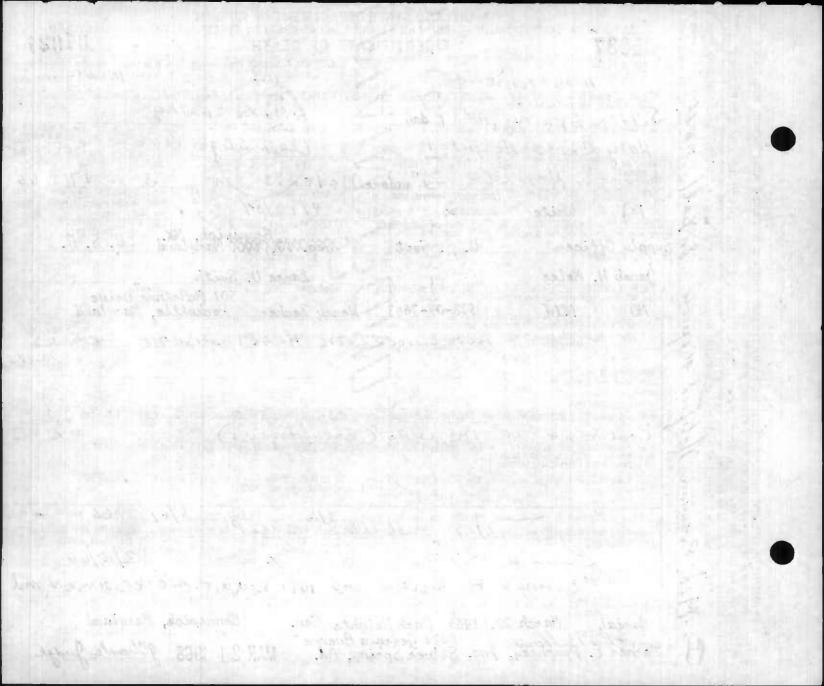
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EA.	RCH	AN	ID	RECO	RDS,	301	w.	PRES	TON	STREET,	BALTIMORE	1,	MARYLAND
	-				-								

	NAN36	HIFICATE	OF DEATH		04026
	PLACE OF DEATH	2	. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
a	. county		a. STATE	b. COUNTY	+
	- Color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the col	MARYLAND OF STAY IN 16	CITY OF TOWN	tside corporate limits, write RURAL and	50meny_
-	write RURAL and give nearest town)	0, 0,7,1		1	, , , ,
-	Derkods		B [house	4350 /Hd.	10 AC DECEMBRAGE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	et address)	d. STREET ADDRESS	101	a. IS RESIDENCE ON A FARM?
	JUSTOBAN TOSPITAL		3611 / ho	Mapple X.	YES NO
	DECERCED /	ddle	Last 4.	DATE Month	Day Year
	(Type or print)	, 1110.	hler	DEATH MOY.	14 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. D	ATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
		VORCED T	14 181	177 1-	Days Hours Min.
10a.	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSIN	1 76	11. BIRTHPLACE (County &	Sta e, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
	ne during most of working life, even if retired)	-	11). 1 . 4	001	151
12	Property manager Tettle		washings	04, D.C.	, 0, 17.
13.	O A A A	14	. MOTHER'S MAIDEN NAM	AE -	
	Caward /VIONIE		Unk	nown	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU s, no, or unkown) (Ifyes give war or dates of service)	RITY NO. 17. INF	FORMANT	3611 ^{Add} Thorna	nnle St
7	res WWI 578-07-	6077 Hi	lda R Mohl	er Chevy Chase	Md
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b)	and (c).]		er onevy onase	INTERAME RELAKTEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	115	in horance		ONSET AND DEATH
	1941	1 145	Michigan		
	Continue in the DUE TO	16:1	Commission	200	
	Conditions, if any, which gave rise to immediate causa	12716	CONCINU		
	(a), stating the undarlying DUE TO				
	cause last. (c)				
O N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT R	RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
3	Emphysenia on.	cons	ospu Acon	toloro	YES NO W
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN	JURY OCCURED. (E	nter nature of injury in Part	or Part II of item 1B.)	
E E	(IF EITHER, NOTIFY MEDICAL EXAMINER)	None			
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU			20f. (City or town) (Cou	nty) (State)
MEDIC	Hour a.m. While Not While at work at work		, street, office bldg., etc.)		
2	p.m. 17 L			mc	
	21. I certify that (I) (this hospital) attended the de		. 15	7, 10	, that (we) last
		G., and that de	eath occured a	M, from the causes and on t	
1	22a. SIGNATURE		ATTENDING / MED.	STAFF	22b. DATE SIGNED
1	stry S Umlow	M.D.	PHYS. DIREC		3/14/66
	22c. HYSICIAN'S P (Imp.)		22d. ADDRESS	1 1 01	ni ni
	John D. UMRE	die	8805 (0)	na. Av. Chanl	prise IIId
23a.		OF CEMETERY OR	CREMATORY 2	3d. LOCATION (City, town or count	y) (Stale)
Bı	REMOVAL (Specify) 3/17/66 Arl	ington 1	Nat'l Cem.	Anlington Wi	nori ni c
	FUNERAL DIRECTOR'S SIGNATURE ADDR	ESS		Arlington, Vi	rginia
	lobert A. Pumphrey Bethesda	. Md.	MAK	10 1350 Julane	y judge
			DATE	1 4	U U



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. b. COUNTY MONT after 70179 9 MARYLAND Pages aft b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours hours er Sprin .= SpRi bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? 05 NO L YES within letely completely we carbon NAME OF (Year First Middle Last 4. DATE Month Day **OECEASEO OEATH** (Type or print) 19 0 remove executed 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR 7 MARRIEO last birthday) | Months | Days Hours in any 3 10 WIDOWEO X DIVORCEO Yrs. 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please lease and ir INDUSTRY COUNTRY? during most of working life, even if retired) MOTHER'S MAIDEN NAME Supply Officer certificate 13. FATHER'S NAME remova Jacob H. Moler Smith Laure U. 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. MoArthur Drive the attendit permit. 0 death (Yes, no, or unkown) (If yes give war or dates of service) 578-07-366 cremation, Maruland denry 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH signed by purial-transi by PART I. DEATH WAS CAUSED BY: ARTERIOSCLEROTIC NOWN attending physician. IMMEDIATE CAUSE (a). burial-ti burial, week DUE TO Conditions, If any, which (b) peen gave rise to immediate the DUE TO cause (a), stating the prior underlying cause last. (c) has 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMEO? certificate retained by the hospital or BRONCHOGENIC CARCINEMA CUNG. YES W NO I 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) this cerum detached for PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL un 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. After Not While ATTENDING at work at work DIRECTOR: Af age 3 should liled with the S 21. I certify that (I) (this hospital) attended the deceased from 66, and that death occurred at 2 / M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. page filed STAFF PHYS. ATTENOING DIRECTOR M.D. PHYS. O HOSPITAL O FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) in 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 1966 Brunswick Maryland FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR REGISTRAR'S SIGNATURE Inc. VR AI5 (4) umphrey.

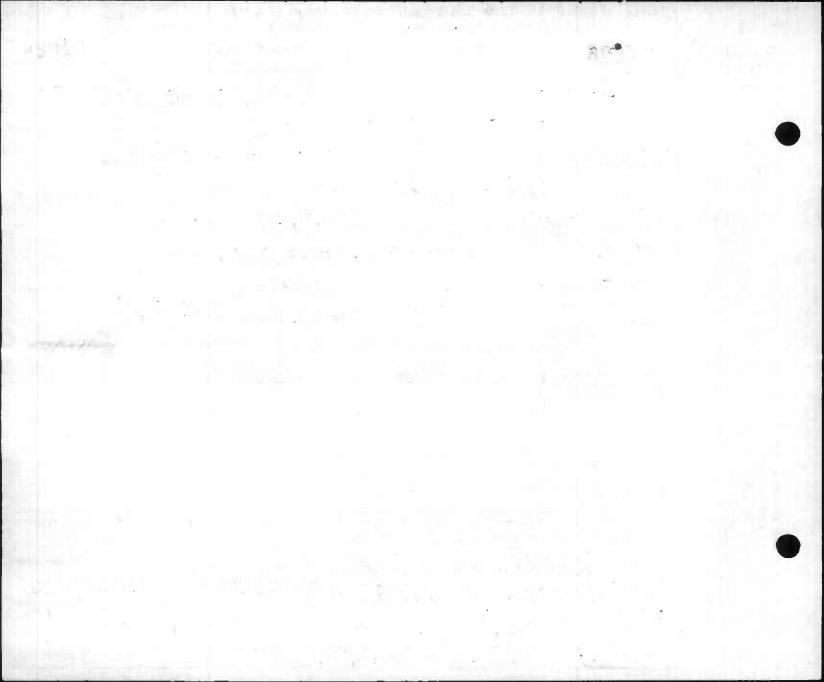
20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY COUNTY = Page delay is death. MARYLAND Deportment TOWN If outside carparote limits, URAL and give nearest tawn) c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest tow 2, o... after HEAMA hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours with form Give Pages Stote NO K. 24 hours ofter death. NAME OF Middle DATE First Manth Year Day DECEASED OF. within Type or print DEATH 19 ong S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthdoy) 8 Months Days Hours Caucasian WIDOWED DIVORCED .1893 event Office Item 10a, USUAL OCCUPATION (Give kind of work done 1). BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if refired)
Ret/Supt. **INDUSTRY** COUNTRY? 154 any .⊑ Morgan County, 14. MOTHER'S MAIDEN NAME Examiner's pages OMDANIA 13. FATHER'S NAME be executed within pencil .= Joseph Claude Moore Nellie Del File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT word "pending" in the Chief Medical (Yes, na, ar unknown) (If yes give war ar dates af service removol, incinnati Ohio IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONCET AND DEATH Massive subarachnoid and intraventricular 0 IMMEDIATE CAUSE (a) certificate should the word cremation, DUF TO Conditions, if ony, which gave hemorrhage 10 rise to immediate couse (a), DUE TO 0 stoting the underlying cause ne certificate, writing t should be forworded last. buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? This the certificate, NO 2 20g. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY ☐ or CONTRIBUTING ☐ EXAMINER: CAUSE OF DEATH. ogent, 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) Hour a.m. While Not While factory, street, affice bldg., etc.) **DIRECTOR:** Poge 19 Page at work at wark its designoted 21. I certify that I taak charge of the remains described above) held an Autapsy 10 Inspection XI. and in my apinion death resulted from: Accident funeral directar. Natural causes X Suicide Homicide Undefermined manner retoined please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY TO FUNERAL Health or i pe **EXAMINER'S** Town, or county) NAME (Type) the 23b. DATE THEREOE 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (Stote) REMOVAL (Specify) Plymouth. Indiana Oak Hill. Cemeteru 24. FUNERAL DIBECTOR 2Sb. REGISTRAR'S SIGNATURE 2Sa, REC'D BY REGISTRAR **ADDRESS** Georgia Avenue VR A15ME (5) 1966 6M 1/66

5/MARYLAND STATE DEPARTMENT OF HEALTH

Items 18&21 Film G376



	DIVISIO	N OF STATISTIC		LAND STATE DE		HEALTH STREET, BALTIMO	RE 1, MARYLAND			
	04033	•		CERTIFICAT	TE OF DEATH					
1.	PLACE DF DEAT a. COUNTY	-Bome.		MARYLAND	MARYLAN.	D b. cour	noNTBOMERY			
	Write RURAL	/N (if outside corpora and give nearest tow	n)	c. LENGTH OF STAY IN 1b	N -		rite RURAL and give nearest town)			
6	d. NAME OF HO	SPR 146	N (if not in hos	spital, give street address)	d. STREET ADDRESS	GTON	e. IS RESIDENCE			
	HOLD	1 CROS			4219	KNOWHES	AUE. YES NO D			
3.	NAME OF DECEASED (Type or print)	RACI	IST VEL	Middle	MULARKEY	DATE Month	1964 11 1966			
5.	SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2 - 8 - 74	ast birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.			
	ing most of work	TION (Give kind of work king life, even if retire	done 10b. KIN	ID OF BUSINESS OR DUSTRY		ty & State, or foreign country	y) 12 CITIZEN OF WHAT			
13.	John	n Day	id W	Theeler	14. MOTHER'S MAIDEN	NAME / 72/2-	nbull no			
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o		OCIAL SECURITY NO. 17.	Daniel & M	wasting address	2 Calification not			
		immediate DUE	(a) 10 TO Ger	e for (a), (b), and (c), I epherosclero- veralized or ente Cholece	sis teresoleres estitis mas	is Choletate	20 4RS			
FICATION		SIGNIFICANT CONDITIO					PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
CERTI	OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING DING CAUSE OF DEA TIFY MEDICAL EXAMI	TH (ER)	SCRIBE HOW INJURY OCCU	JRRED. (Enter nature of In	Jury in Part I or Part II o	of Item 18.)			
MEDICAL	20c. TIME OF Hour a.i		Year 20d. IN] While at work	Not While facto	CE OF INJURY (Home, farm ry, street, office bldg., etc.	(City or town)	(County) (State)			
	21. I certify/that (I) (this hospital), attended the deceased from 3//66, 19, to 3/1/66, 19, that (I) [we] las saw the deceased alive on 3/0/66 19, and that death occurred at 205A M, from the causes and on the date stated above 22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DAT									
	22c. PHYSICIA NAME (T	vne) (/	Scrugg	gs, M.D.	22d. ADDRESS	Lane, Bethes	da, Md.			
238	SUT!	3/10/15	HEREOF 1	130 SQUE	Bello Cem	23d. LOCATION (City, to	na Brock Ha			
24	. FUNERAL DIRE		Fred 1	A STURES	10	BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE			

1966

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and Thrany event, within 72 hours after death. VR A15 (4) 20M 1/65

Francistam armenial and Local SILVER SPRING KENSLUBTOR HOLY CROSS HALL KNOWES RUE. RIVERSE IS STEAMERS IN PRINTER IL Henry C. Surugus, K.D. 5413 Cedar Lane, Sethenda, Md.

Items 18&21 Film G375 4/4MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY 3 to Poge 40 death. montgomer MARYLAND delay ate Deportment CLENGTH OF STAY IN 16 c. CITY OR TROWN b. CITY OR TOWN (If outside corporate corporate limits, write RURAL and give nearest town) pup P.M.3 write RUBAL and give nearest town after e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS form NOUES Item 18. Give Poges Office olong with for 24 hours ofter death. 3. NAME OF Middle Lost DATE Month Year Dov DECEASED (Type or print) DEATH 18909. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE IF UNDER 24 HRS N N 3 lost birthdoy) Months Dovs Hours WIDOWED DIVORCED CV event] and 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT OWN HOME COUNTRY during most of working life, even if retired) 13. FATHER'S NAME nonla any d'ipending'' in pencil in Chief Medicol Examiner's 14. MOTHER'S MAIDEN NAME This certificate should be executed within ⊆ File pup WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. unknown) (If yes give wor or dates of service) removal. None ues INCERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Acute coronary insufficiency 10 4201 writing the word cremation, DUE TO Conditions, if ony, which gove (b) accompanied by metastatic carcinoma of breast rise to immediate couse (a), 0 DUE TO 0 stoting the underlying couse forworded last. 00 buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate, NO 10 pe should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. agent, 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) may be retoined for yaur FUNERAL DIRECTOR: Poge 19 Poge ot work ot work pleose execute its designoted 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion the funerol director. death resulted from Natural causes X Hamicide Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 10 **EXAMINER'S** 5 may 10 FUNE DELDEN NAME (Type) Town, or county)

23c. NAME OF CEMETERY OR CREMATORY

Parklawn Cemetery

84340 Georgia Avenue

Silver Spring

23d. LOCATION (City or Town)

1966

2Sb

2So. REC'D BY REGISTRAR

(County)

Maruland

REGISTRAR'S SIGNATURE

(Stote)

23b. DATE THEREOF

Pumphrey

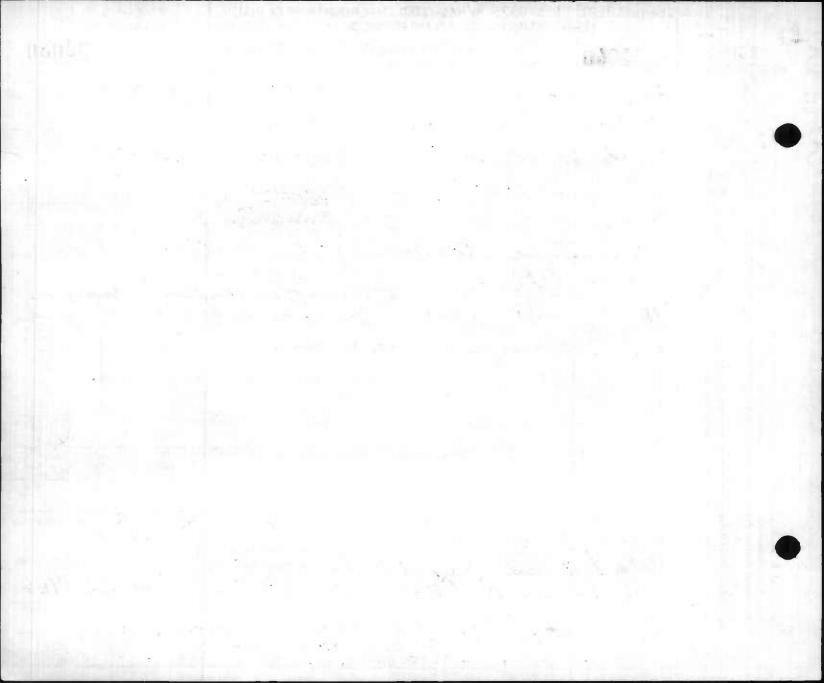
Inc.

BURIAL, CREMATION

REMOVAL (Specify)

24. FUNERAL DIRECTOR

VR A15ME (Q) 6M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and many event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04041
CERTIFICATE OF DEATH

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1.	PLACE DF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the cont								
	Montgomery			MARYLAND	a. STATE Ma.	rvland	d. cour	80. 1	Montgomery				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If								
				9hrs.	Be	-/							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho			ospital, give street address)	d. STREET ADDRESS e. IS					SIDENCE FARM?			
	Subv	urban			8210 Moor		YES 🗌	NO					
3.	NAME OF FIRST DECEASED		Middle	Last	4. DATE	Monti	n 0	ay Ye	ar				
	(Type or print)	Mai	- e/	T.	Murphy	DEATH		3	3 19	6,4,			
5.	SEX	-	7. MARRIED	MEAEK MAKKIED	8. DATE OF BIRTH	9.	. AGE (In years last birthday)	Months Days					
F Cau. WIDOWED DIVORCED 2/14/81 85 yrs.													
duri	ing most of work	king life, even If retired	lone 100. K	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
12	Hous FATHER'S NAM	sewife			C. Kerry, Ireland USA								
13.													
15	Corneliu	us Carmody EVER IN U.S. ARMED FOI	D0565 16	SOCIAL SECURITY NO. 17.	Mary She	a	Addre						
	s, no, or unkown)	(If yes give war or dates of		SUCIAL SECURITI NO. 17.			Audi e	88					
	no				Mary J. Whi	teomb	Same	as abo		TATEFAL			
				line for (a), (b), and (c).]	1			0	NSET AND	VAL BETWEEN T AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)												
	Conditions, If any, which DUE TO arterio & Clevosis generalizes												
Conditions, If any, which (b) (b) (b) (c) (b) (c) (d) (d) (d) (e)							me jago	a fel					
cause (a), stating the DUE TO													
N	underlying caus		(c)	ITING TO DEATH BUT NOT BEI	ÁTED TO THE TERMINAL F	DISEASE COM	ADITION GIVEN IN	DART1(a) 11	PART 1(a) 19. WAS AUTOPSY				
ATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									RMED?			
1FIC	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)												
CERTIFICATION	COB. ACCIDENT WAS UNDERLYING COMMON CONTRIBUTING COMMON CONTRIBUTING COMMON CONTRIBUTING COMMON CONTRIBUTING COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMON COMMO												
	20c. TIME OF	INJURY Month, Day, Y			ACE OF INJURY (Home, fai		(City or town)	(County)	((State)			
MEDICAL	Hour a.r		While at work	- HOL WILLE -	ory, street, office bldg., et	(C.)							
2				ed the deceased from	UCT 18, 19	9 Col to	Mar	1319 (that (I) (v	we) last			
		ceased alive on 2	- /: /		t death occurred at9	:15M, fr	om the causes	1-14					
	22a. SIGNATUI	RE 1	110	to o	ATTENDING - N	MED	STAFF -	22b. DATE SIGNED					
	1	11	1 ages	M.C	D. PHYS.	DIRECTOR [PHYS.	12/4/4					
	22c. PHYSTCIA	ype)	1-07	1.1	22d. ADDRESS	-111	Mara	10A.	7/4				
222	OUDIAL COST	MATION 23h DATE I	UEDEUE	1 230 NAME OF CEMETED	V OP CREMATORY	1 234 11	OCATION (CITY TO	own or county)	17.	into)			
230.	23a. QURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 3-7-66 MA. Oliver Wash, DC												
24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR! 25b, REGISTRAR'S SIGNATURE													
Thomas B. Stanlan 4748 stisc are 76 bate 7 1968 flearles Judge													

VR AI5 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O4042

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a STATEM and A STATEM and A STATEM and A STATEM and A STATEM and A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM AND A STATEM

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1.	PLACE OF DEATH a. CDUNTY Mont	tgomery		MAR	YLAND	2. USUAL RESIDEN		: Residence before admission) Montgomery				
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Olney d. NAME OF HOSPITAL OR INSTITUTION (if not in ho Montgomery General Hospi			c. LENGTH OF STA		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Gaithersburg						
						d. STREET ADDRESS	728	7.20		e. IS RESIDEN ON A FARM		
_		mery Genera.	L Hospi	Ltal		// Rt. 1, Box		130		YES ND		ND 🗗
3.	NAME DF DECEASED (Type or print)	ECEASED		Middle Elsworth		Last Murray	4. DATE DF DEATH	DF 27066		Day Year 19		r
5.	SEX	6. COLOR OR RACE	7. MARRIED	X NEVER MARRII	FD 8	. DATE OF BIRTH	9.	AGE (In years	IF UNDER	R 1 YEAR		24 HRS
	Male	Negro	WIDOWED	DIVORC		-15-16		last birthday)	Months	Days	Hours	Min.
dur	ing most of work	ION (Give kind of work of ing life, even if retired r of Lab.	1) 11	IND OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF BUSINESS OF		Md. Ma	county & State, aryland	or foreign country	12. 0	USA USA	OF WHAT	
	FATHER'S NAM					14. MOTHER'S MAIL	DEN NAME					
		Columbus		r		Hattie St	tewart		2015			
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY N	10. 17.	INFORMANT		Addre	ss			
	no	m				H ospital	Admiss	ion Reco	ord			
	18. CAUSE DF	DEATH [Enter only one	cause per li	ne for (a), (b), and	(c).]			/		INTE	RVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / EUVE b/CISTOWN C. (Project of months)											
	1934											
	conditions, If any, which) Perus periron ed [- [L. C. W]											
	gave rise to immediate cause (a), stating the DUE TD											
	underlying cause last. (c) (c)											
NO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPS											TOPSY
CAT	PERFORMED? YES \ NO \											
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	Hour a.r				2De. PLAC factor	E OF INJURY (Home, f. y, street, office bldg., e	arm, 2Df. (etc.)	City or town)	(Co	unty)	(S	tate)
Σ												
	21. I certify that (I) (this hospital) attended the deceased from #06. 13 -10, the total the deceased from #06. 13 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 to 3 -10 t											
	saw the deceased alive Dn 3 - 0 - 6 49 , and that death occurred at M, from the causes and Dn the date stated above.											
	ATTENDING MED. STAFF 3-10-66											
	Ec. PHYSICIAN'S 22d. ADDRESS											
	NAME (T)	Jack Sch	Gaithersburg, Maryland									
232	REMOVEL TISTE	ATJON, 235. PAJE T		23c. Brook	e Gr	DR CREMATORY		cation (city, to			id . (Sta	ate)
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